

Business License Supplement

| License Number: | |
|-----------------|--|
| Receipt Number: | |

For City Use Only

Date Stamp

SITE INFORMATION SUPPLEMENTAL FORM

This supplemental form applies to all businesses except non-resident (outside) businesses, home occupations, and tenants within Alderwood Mall. This form must be completed and submitted with your business license application. If you have questions about this form, please contact the Planning Hotline at (425) 670-5410.

| ENE | RAL | | | |
|------------------|--|---|--|--------------|
| 1. | Which type of space does the business occupy? | | | |
| | ☐ Entire Building | | | |
| | Suite | | | |
| 2. | How many square feet does the business occupy (lea | _ | | _ |
| 3. | How many square feet of the use is warehouse space | e (if applicable |)? | _Sq. Ft. |
| 4. | Is there a trash enclosure on site? | | | |
| | ☐ YES | | | |
| | NO If not, you may be required to provide one. | Please call (425 | 6) 670-5410 for more information (a) 670-5410 for more information (b) 670-5410 for more information (b) 670-5410 for more information (c) 670-6410 for more information (c) 670 | nation. |
| 5. | How many parking stalls are on the <u>entire</u> business | | | |
| | Total: Staff may contact you for addition | | | |
| 6. | Does the site share parking with an adjacent proper | - | | 1? |
| | YES If yes, what is the address: | | | |
| | □ NO | | | |
| | | | ~ | |
| | ING CALCULATION – PLEASE ATTACH | | | |
| | e required to provide information for <u>all</u> suites and/operty manager, property owner, or leasing agent for thi | | the business site. Please c | ontact |
| ui m | DELLY HIAHAYEL DIODELLY OWNEL OF JEASING AGENTIOLISH | S IIIIOI IIIAIIOII. | | |
| F | sperty manager, property owner, or reasing agent for an | | | |
| r | porty manager, property owner, or reasing agent for an | | FOR CITY USE OF | NLY |
| | Use | Sq. Ft./Use | FOR CITY USE OF | NLY Total |
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| | | | | |
| Suite | | | | |
| | | | | |
| Suite | Use | Sq. Ft./Use | Parking Requirement Total Required Stalls: | Total |
| Suite [/We | Use Certify that the information provided in this supplement | Sq. Ft./Use | Parking Requirement Total Required Stalls: and correct to the best of m | Total |
| Suite L/We know | Use | Sq. Ft./Use al form is true a he business lice | Total Required Stalls: and correct to the best of mense. | Total |



| Business | License | Supp | lemen |
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| | Date Samo | |

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SITE INFORMATION SUPPLEMENTAL FORM

| nd ter | pplemental form applies to all businesses except non- nants within Alderwood Mall. This form must be com- tion. If you have questions about this form, please cont | pleted and subr | nitted with your business l | icense |
|----------|--|-------------------|------------------------------|-------------|
| GENE | CRAL | | | |
| 1. | Which type of space does the business occupy? | | | |
| | ☐ Entire Building | | | |
| | Suite | | 10.00 | |
| 2. | How many square feet does the business occupy (le | | <u>1560</u> s | |
| 3. 4. | How many square feet of the use is warehouse space. Is there a trash enclosure on site? | ce (if applicable | e)? | _ Sq. Ft. |
| | YES | | | |
| • | NO If not, you may be required to provide one. | Please call (42: | 5) 670-5410 for more infor | mation. |
| 5. | How many parking stalls are on the entire business | , | , | |
| | Total: Staff may contact you for addition | nal information, | if needed. | |
| 6. | Does the site share parking with an adjacent prope | • | | 1? |
| | YES If yes, what is the address: | | | <u>=_</u> = |
| | X NO | | | |
| | | | FOR CITY USE ONLY | |
| Suite | Use | Sq. Ft./Use | Parking Requirement | Total |
| A | DRYLLEANING | 700 | | |
| В | MEDICAL OFFICE | 1200 | | |
| C | FURNITURE OFFICE | 35,00 | | |
| D | ALCOUNTANT | 1560 | | |
| E | PESTAUPANT / TAVERN | 2100 | | |
| | | | | |
| | | | | |
| | | , | Total Required Stalls: | |
| /We c | ertify that the information provided in this supplement | al form is true a | and correct to the best of m | y/our |
| | edge. This application does not constitute approval of t | he business lice | _ | |
| Signati | ure of Applicant: SIGN HERE | | Date: DATE | HERE |