

Business License Application, Amusement Park

The Department of Local Services, Permitting Division (Permitting) provides business licensing

County business license. See <u>Types of Business L</u>	-	pecific types of businesses ses for a complete listing		a King		
low to apply: Submit this completed application form by email to PermitServices@kingcounty.go our application will be screened, and a confirmation email will be sent to you with online payments tructions. For staff use only						
Incomplete applications will not be accepted.		License Number:				
Application Type						
Amusement Park: \$200 per year, 1 – 10 units \$400 per year, 11 or more units	3	New Application				
Number of Units:		Renewal Application				
Required Insurance						
Attach proof of public liability insurance policy providing for a minimum of \$300,000 bodily injury coverage per occurrence, \$100,000 bodily injury coverage per person, and \$25,000 property damage coverage. Insurance "Accord form" or equivalent.						
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			rson, and	1 \$25,000		
property damage coverage. Insurance "Ac	cord		rson, and	1 \$25,000		
property damage coverage. Insurance "Ac Business Information	cord	d form" or equivalent.	STATE	ZIP CODE		
property damage coverage. Insurance "Ac Business Information BUSINESS NAME	cord	d form" or equivalent.				
Business Information BUSINESS NAME BUSINESS ADDRESS	cord	A NAME	STATE	ZIP CODE		

Business License Application, Amusement Park, continued

DESCRIBE THE NATURE OF THIS BUSINESS								
Select one: O Sole Ownership) Partnership		O Co	orporation				
Applicant/Owner/Partners/Officers (must include middle name or initial and DOB)								
LAST NAME	FIRST NAME		ľ	MIDDLE NAME OR INITIAL				
TITLE	DATE OF BIRTH	PLACE OF	BIRTH					
LAST NAME	FIRST NAME		1	MIDDLE NAME OR INITIAL				
TITLE	DATE OF BIRTH	PLACE OF	BIRTH					
LAST NAME	FIRST NAME		1	MIDDLE NAME OR INITIAL				
TITLE	DATE OF BIRTH	PLACE OF	BIRTH					
LAST NAME	FIRST NAME		1	MIDDLE NAME OR INITIAL				
TITLE	DATE OF BIRTH	PLACE OF BIRTH						
APPLICANT SIGNATURE OR PRINTED NAME		DAT	E					