



Business License Application, Secondhand Dealer

The Department of Local Services, Permitting Division provides business licensing services for unincorporated King County. Only a few specific types of businesses require a King County business license. See [Types of Business Licenses](#) for a complete listing.

For staff use only
License Number:

How to apply: Submit this completed application form by email to PermitServices@kingcounty.gov. Your application will be screened, and a confirmation email will be sent to you with online payment instructions.

Incomplete applications will not be accepted.

Fees			
New Application, received by:		Renewal Application	
January 1 st – March 31 st ;	\$40 (per location)	Annual Fee due 12/31;	\$40 (per location)
April 1 st – June 30 th ;	\$30 (per location)	Received after 1/15;	\$48 (per location)
July 1 st – September 30 th ;	\$20 (per location)	Business License #:	
October 1 st – December 31 st ;	\$10 (per location)	Expiration date:	
Business Information			
BUSINESS NAME			
BUSINESS ADDRESS		CITY	STATE ZIP CODE
BUSINESS MAILING ADDRESS	Same as above	CITY	STATE ZIP CODE
If applying for multiple locations, attach list.			
Is this business operated out of a home (home occupation)?	Yes	No	

Business License Application, Secondhand Dealer, continued

DESCRIBE THE NATURE OF THIS BUSINESS

Select one: Sole Ownership Partnership Corporation

If a Sole Proprietorship (include middle name or initial)

LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL
FEDERAL TAX NUMBER	UBI NUMBER	

If a Partnership, select one: General Limited

PARTNERSHIP NAME			
FEDERAL TAX NUMBER	UBI NUMBER		
NAME OF REGISTERED AGENT		EMAIL ADDRESS	
AGENT ADDRESS	CITY	STATE	ZIP CODE

Continued

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If a Corporation or Limited Liability Company

CORPORATE NAME			
FEDERAL TAX NUMBER		UBI NUMBER	
DATE OF INCORPORATION		PLACE OF CORPORATION	
NAME OF REGISTERED AGENT		EMAIL ADDRESS	
AGENT ADDRESS		CITY	STATE ZIP CODE

Applicant (include middle name or initial)

LAST NAME		FIRST NAME		MIDDLE NAME OR INITIAL	
TITLE			DATE OF BIRTH		
PHONE NUMBER		EMAIL ADDRESS			
AGENT ADDRESS			CITY	STATE	ZIP CODE

Owner/Partners/Officers (must include middle name and date of birth)

LAST NAME		FIRST NAME		MIDDLE NAME OR INITIAL	
TITLE			DATE OF BIRTH		

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TITLE	DATE OF BIRTH	
LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL
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LAST NAME	FIRST NAME	MIDDLE NAME OR INITIAL
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APPLICANT SIGNATURE OR PRINTED NAME	DATE
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