



# Business License Application, Carnival

The Department of Local Services, Permitting Division (Permitting) 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.

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

|                                       |
|---------------------------------------|
| For staff use only<br>License Number: |
|---------------------------------------|

Incomplete applications will not be accepted.

| Application Type   |                                  |                     |       |          |
|--|----------------------------------|---------------------|-------|----------|
| Carnival:  | \$40 per day up to 10 units      | New Application     |       |          |
|  | \$100 per day more than 10 units | Renewal Application |       |          |
| Number of Units:   | Date(s) of Event:                |                     |       |          |
| 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. |                                  |                     |       |          |
| Business Information   |                                  |                     |       |          |
| BUSINESS NAME  |                                  | DBA NAME            |       |          |
| BUSINESS ADDRESS   |                                  | CITY                | STATE | ZIP CODE |
| BUSINESS MAILING ADDRESS   | Same as above                    | CITY                | STATE | ZIP CODE |
| BUSINESS LICENSE NUMBER:   |                                  | EXPIRATION DATE:    |       |          |
| EMAIL ADDRESS  |                                  | PHONE NUMBER        |       |          |

# Business License Application, Carnival, continued

DESCRIBE THE NATURE OF THIS BUSINESS

Select one:      Sole Ownership                      Partnership                      Corporation

**Applicant/Owner/Partners/Officers** (must include middle name or initial and DOB)

|           |               |                        |
|-----------|---------------|------------------------|
| LAST NAME | FIRST NAME    | MIDDLE NAME OR INITIAL |
| TITLE     | DATE OF BIRTH | PLACE OF BIRTH         |
| LAST NAME | FIRST NAME    | MIDDLE NAME OR INITIAL |
| TITLE     | DATE OF BIRTH | PLACE OF BIRTH         |
| LAST NAME | FIRST NAME    | MIDDLE NAME OR INITIAL |
| TITLE     | DATE OF BIRTH | PLACE OF BIRTH         |
| LAST NAME | FIRST NAME    | MIDDLE NAME OR INITIAL |
| TITLE     | DATE OF BIRTH | PLACE OF BIRTH         |

|                                     |      |
|-------------------------------------|------|
| APPLICANT SIGNATURE OR PRINTED NAME | DATE |
|-------------------------------------|------|