



1160 EDMONDS ST



CITY OF EDMONDS BUSINESS LICENSE APPLICATION - HOME OCCUPATION

FEE: \$100.00

CITY CLERK'S OFFICE, BUSINESS LICENSE DIVISION
121 5TH AVENUE NORTH, EDMONDS, WA 98020 PHONE 425.775.2525

- Building
- Engineering
- Fire
- Planning
- Police

OFFICE USE ONLY

BL#	Customer #	SIC	Year	Class	SHD	Date Paid	TR#	Fee	Mailed	Deleted
	W3334168	8999	2017	A	204	1/17/17	004972265	100.00		

INSTRUCTIONS: Please complete the application in full and attach the required Questionnaire for Administrative Home Occupation Permit. Middle initial or name required of all parties concerned. If no middle name, please indicate by writing NMN. Sign and return application with fee. Please advise of any change in status. New license required if business changes location or ownership. Notification to City of Edmonds required if business closes. License expires December 31st each year. Renewal must be submitted prior to January 31st to avoid late fees.

BUSINESS NAME Rayven Consulting

BUSINESS ADDRESS 1160 Edmonds Street Edmonds, WA 98020
Street Suite # City, State, Zip Code

MAILING ADDRESS same
Street or PO Box # Suite # City, State, Zip Code

BUSINESS PHONE 425, 280-6637 WA STATE TAX ID # (UBI) 602 813 209

BUSINESS E-MAIL janice.martin_6@hotmail.com BUSINESS WEBSITE N/A

PROPERTY OWNER Suzanne Olsen 425, 774 4236
Name Phone Number

EMERGENCY NOTIFICATION (For Premise Access in Emergency):
Last Name Olsen First Name Suzanne MI Phone Number 425, 774 4236

Last Name First Name MI Phone Number

NATURE OF BUSINESS (Provide a Detailed Description of Business Activities, Products & Services):
Consulting, wetland delineation, critical areas report and compliance mitigation design and monitoring

SPACE ALTERATIONS TO BE MADE: YES NO X DESCRIPTION

PREVIOUS BUSINESS AT THIS ADDRESS N/A

NUMBER OF EMPLOYEES N/A SQUARE FOOTAGE OF BUSINESS SPACE N/A

TYPE OF BUSINESS - PLEASE CHECK APPROPRIATE CATEGORY:

- CONSTRUCTION
- FINANCE, INSURANCE, REAL ESTATE
- LANDSCAPE, HORTICULTURAL
- MANUFACTURING
- NON-PROFIT
- RETAIL
- SECONDHAND DEALER
- SERVICES
- WHOLESALE
- OTHER

PROPOSED OPENING DATE: 01/01/2017

BUSINESS HOURS: Anytime

DAYS OPEN:

<input checked="" type="checkbox"/> SUNDAY	<input type="checkbox"/> WEDNESDAY
<input type="checkbox"/> MONDAY	<input type="checkbox"/> THURSDAY
<input type="checkbox"/> TUESDAY	<input type="checkbox"/> FRIDAY
<input checked="" type="checkbox"/> SATURDAY	

AMUSEMENT DEVICES ON PREMISES? YES _____ NO X IF YES, TOTAL NUMBER _____ LIQUOR SOLD ON PREMISES? YES _____ NO X

GAMBLING? YES _____ NO X CIGARETTES SOLD ON PREMISES? YES _____ NO X

FLAMMABLE OR HAZARDOUS MATERIALS USED OR STORED? YES _____ NO X IF YES, PLEASE PROVIDE A LIST OF MATERIALS AND QUANTITIES:

APPLICANT

NAME Janice Martin
Printed

TITLE Sole proprietor

DATE 01/01/2017 Signature

SOLE PROPRIETORSHIP

NAME Martin Janice L
LAST FIRST MIDDLE INITIAL

ADDRESS 1160 Edmonds street Edmonds, WA 98020
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE 425 280 6037 DRIVER'S LICENSE OR ID # & STATE MARTIJL401PS

DATE OF BIRTH 10/10/1960 CITY/STATE OF BIRTH Burien, WA COUNTRY OF BIRTH USA

PARTNERSHIP - PARTNER 1

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE () _____
DRIVERS' LICENSE OR ID # & STATE

DATE OF BIRTH _____ CITY/STATE OF BIRTH _____ COUNTRY OF BIRTH _____

PARTNERSHIP - PARTNER 2

NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
STREET SUITE/APT/UNIT # CITY/STATE/ZIP CODE

HOME PHONE () _____
DRIVER'S LICENSE OR ID # & STATE

DATE OF BIRTH _____ CITY/STATE OF BIRTH _____ COUNTRY OF BIRTH _____

CORPORATION/ LLC or PLLC

NAME OF CORPORATION _____ FEDERAL TAX ID# _____

CORP. ADDRESS _____
Street Suite, Apt. Unit # City, State and Zip Code Phone Number

CORPORATE OFFICERS:

Last Name	First Name	MI	Title	Date of Birth	Driver's License or Other ID # / State

LOCAL CONTACT _____
Last Name First Name MI Title Date of Birth

Driver's License or Other ID # / State Phone Number

CITY USE ONLY:

BUILDING DEPT. APPROVE DISAPPROVE DATE _____ SIGNATURE _____

OCCUPANT LOAD _____ BUILDING PERMIT _____ OCCUPANCY GROUP _____

COMMENTS _____

ENGINEERING APPROVE DISAPPROVE DATE _____ SIGNATURE _____

FIRE DEPT. APPROVE DISAPPROVE DATE _____ SIGNATURE _____

U.F.I.R. _____

COMMENTS _____

PLANNING DEPT. APPROVE DISAPPROVE DATE _____ SIGNATURE _____

ZONING CODE _____ CONDITIONAL USE PERMIT _____ COMMENTS _____

POLICE DEPT. APPROVE DISAPPROVE DATE _____ SIGNATURE _____

COMMENTS _____

CITY OF EDMONDS

QUESTIONNAIRE FOR ADMINISTRATIVE HOME OCCUPATION PERMIT

- Yes No
1. Will the home occupation be carried on exclusively by a family member(s) residing in the dwelling unit?
 2. Will there be employees working at or visiting the subject property, who are not family members residing at the residence?
 3. Will there be customers or clients visiting the property?
 4. Will the home occupation be conducted entirely within the structures on the site, without any significant outside activity?
If no, please explain: Site visits to land owners
 5. Will there be heavy equipment, power tools, or power sources associated with the home occupation?
If yes, please list types: _____
 6. Will vehicles be used in conjunction with the home occupation?
If yes, please list all types, including gross vehicle weight of trucks: _____
 7. Will there be deliveries made to the property by commercial vehicles in excess of 20,000 gross vehicle weight, (example: standard UPS truck)?
If yes, please explain: _____
 8. Will the home occupation create noise or vibration?
If yes, please explain: _____
 9. Will the home occupation produce dust, odors, or smoke?
If yes, please explain: _____
 10. Will the home occupation create any glare on public streets and neighboring properties, such as from lighting, welding, etc.?
If yes, please explain: _____
 11. Will flammable and hazardous materials be handled or stored on the property?
If yes, please explain: _____
 12. Will materials in conjunction with the home occupation be stored outside of the dwelling?
If yes, please explain how and where: _____
 13. Will there be a sign on the property in conjunction with the home occupation?
If yes, please describe: _____

The undersigned applicant for a business license certifies that the information provided within this application is correct and accurate. The applicant acknowledges that his/her business license is subject to suspension or revocation if false or misleading information is provided. Violation of any of the conditions and requirements of ECDC Chapter 20.20 will result in the loss of his/her business license and the forfeiture of any fee paid.

APPLICANT:

Janice Martin

Name (Printed)


Signature

01/01/2017
Date