



<i>Office Use Only</i>
Year Ending: _____
Registration #: _____
Date: _____

NON-PROFIT BUSINESS REGISTRATION FORM

City of Sammamish – 801 228th Avenue SE, Sammamish WA 98075

☎ (425) 295-0500

📠 (425) 295-0600

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Business Phone: _____ Business Fax: _____

Mailing Address *(If different from Business Address)*: _____

City: _____ State: _____ ZIP: _____

WA State UBI #: _____

Briefly describe your business activity: _____

Is this a business conducted in a residence? Yes No

Date Business Opened: _____

Copy of IRS 501 (c) (3) Federal Exemption Certificate is attached: Yes No

I hereby certify that the statements and information furnished by me on this application are true and complete to the best of my knowledge. I acknowledge that the statements and information furnished by me on this application are public record and are subject to disclosure pursuant to the State of Washington RCW 42.17.260.

Applicant Signature: _____ Date: _____

Print Name: _____

Title: _____

Submit application to: **City of Sammamish**
801 228th Avenue SE
Sammamish, WA 98075

All non-profits must register annually with the City