

Owner Name

UBI

OFFICE USE: City Reference

CITY OF BELLEVUE PANORAM ADDENDUM

Note: This form must be submitted on an active registered business or at time of application. Application is subject to approval by the Bellevue Departments of Development Serices, Finance, Police and Fire.

PLEASE TYPE OR PRINT IN DARK INK.

ging Admission	y of the following business activ bling	ities. Check all that apply.	
eet of office floor space:			
business ever been register	ed in Bellevue before?] Yes 🗌 No
nter Bellevue Registration N	umber	<u></u>	
s Name			
equire a Home Occupation F uire a Home Occupation Per es, client visits, business de	Permit? mit if there is any: external ind liveries or vehicle signs. For fu	ication of commercial activity,] Yes 🗌 No non-resident
lease attach a copy of your F			
r/Operator Name:			
ecurity No: <u></u>	Date of Birth: / /	Telephone Number: ()
ddress:			
e, model and serial number	of panoram devices. If more sp	pace is needed, attach additior	nal sheets:
MAKE	MODEL	SERIAL NUMBER	1
]
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			-
			-
	enter Bellevue Registration N s Name	business ever been registered in Bellevue before?	business ever been registered in Bellevue before?

- 8. Provide a sketch showing layout of premises on the back of this form.
- **NOTE:** Businesses must comply with all city codes and ordinances which include but are not limited to the **Land Use Code, Building Codes and Fire Codes.** For Bellevue Permit information, please call (425) 452-6864 or TTY (425) 452-4636.

For assistance with this form please contact the City of Bellevue Tax Division by email at tax@bellevuewa.gov or by phone at 425-452-6851.

Provide layout of premises below. (Use ballpoint pen ONLY.)



For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding modifications, contact the City of Bellevue ADA, Title VI, and Equal Opportunity Officer at ADATitleVI@bellevuewa.gov.

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