

REDACTED

HOME BUSINESS APPLICATION

INTRODUCTION

Please answer all questions completely and accurately in order to provide Issaquah Highlands Community Association (IHCA) with all information necessary to consider your application. If a question does not apply, so indicate. (Leave no spaces blank.) Please attach any additional information which may assist in reviewing your application.

The IHCA shall review and log all business applications and activity within Issaquah Highlands. IHCA staff will provide counter approval for zero or minimal impact businesses. Business deemed to have high impact will be directed to the IHCA Board of Directors (BOD) for approval.

All businesses within Issaquah Highlands must comply with City of Issaquah (COI) business requirements and local, state, and federal obligations. Any unit owner may be subject to penalties, (as defined in the URRs), if the business operation is in violation of the IHCA governing documents and at the discretion of the IHCA BOD.

Possession of a current business license does not authorize business operation unless approved by IHCA staff and/or IHCA BOD. Business application approvals are non-transferable.

Home business application questions may be directed to homebusinessapp@ihcommunity.org or (425) 427-9257.

GENERAL INFORMATION

Applicant Information: (BUSINESS ADDRESS)

Name: _____

Property Address: 1126 NE PARK DRIVE

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

The consent of the legal owner of the property, where the business will reside, is required. If you are not the legal owner of the property, please complete this section and obtain legal owner consent.

Property Owner Information:

Name: _____

Mailing Address: _____

Daytime Phone: _____ Cell Phone: _____

Property Owner's Email Address: _____

Property Owner's Consent Signature: _____

Property's Owner's Consent Received Via E-mail: ☐ Yes ☒ No (If Yes, please attach email to application.)



GENERAL BUSINESS INFORMATION

City of Issaquah Business License Number (Please provide copy of license.): 003 599 112

Restrictions indicated on the business license: 1 customer vehicle allowed at 1 time

Legal Owner of Business: _____

Legal Name of Business and Doing-Business-As Name Rise Counseling

Business Website Address: WWW.RISECOUNSELINGWA.COM

Name of any other business operated from this location: N/A

Business Phone: IN process of getting Cell Phone: _____

Email Address: _____

Description of Proposed Use: MENTAL health counseling for individuals, families, couples, kids, adolescents, etc

Hours of Business Operation: 8am - 6pm

- ☐ YES ☒ NO Is parking required for the operation of your business?
☐ YES ☒ NO Do deliveries and/or shipping exceed more than one visit per day?
☐ YES ☒ NO Are there vehicles related to this business operation?
☐ YES ☒ NO Are Common or Limited Common Elements used in the operation of your business? (I.E., Do you use common water/sewer, garbage services, electricity and/or landscape areas in the operation of your business?)
☒ YES ☐ NO Has this business been prior approved by the Unit's Condominium/Owner's Association? If so, please attach a copy of the approval for the IHCA

Please describe in detail the nature and operation of daily business activities? Provide a detailed description on how the operation of your business may affect other areas of your home/property (i.e. such as decks, driveways, garages, deliveries, etc.) I could see up to 1 client per hour for the hours listed above. I don't plan to exceed more than 5 clients in a day. The operation of my business will not affect other areas of the home/property. My clients/business will be by appointment only.

PHYSICAL INFORMATION (Attach a dimensioned sketch of entire floor plan. Indicate the areas used for business.)

What percentage (%) of your buildings, including storage space, is used for your business? 8 %

All signage must be submitted to the ARC for approval. Indicate the dimensions of your business sign (please attach a diagram if needed) 2x2 (in process of producing)
(City of Issaquah code provides that signage may not exceed 2 square feet and may be either posted on the wall or door. Lighted signs are not approved for this use.) Please note: Posting of flyers or other solicitation is not allowed in the Issaquah Highlands.



**ISSAQUAH
HIGHLANDS** COMMUNITY
ASSOCIATION

MAINTAINING COMMUNITY

List all chemicals, materials, and equipment used or stored in the operation of this business: _____

NONE

Indicate any physical evidence visible, audible or otherwise noticeable to any adjacent residence(s) resulting from equipment or material used, or activities performed, in the operation of this business: _____

Sign only

EMPLOYEE INFORMATION

List persons (other than customers) involved in the business on the premises. Include yourself, any family members, subcontractors, etc. No more than two individuals engaged in the business entity may work on the premises at any given time. Attach additional sheet if necessary.

Worker #1, Position & Relationship (if any)

Position: OWNER (me)

Hours per week: 40

Worker #2, Position & Relationship (if any)

Position: N/A

Hours per week: N/A

VEHICLE INFORMATION

Give a description of the nature and volume of traffic related to your home business during a typical day. Indicate the size of delivery vehicles and the number of trips per day. Be sure to include visitors, delivery trucks, customer vehicles, etc. Up to 1 car per hour during regular business hours NO deliveries, NO equipment.

Describe any vehicles related to this business operation: NONE (I will walk to work)

Indicate the approximate number of daily automobile visits to and from the property: Max 5

Describe the worst case traffic scenario you would expect: 2 cars if I have a client in session and another client arrives early for their appointment.

Describe available off street parking: Multiple curbside parking spots available. NO driveway or garage access.



SIGNATURE & DATE

I hereby apply for a home business as described and regulated by the Issaquah Highlands Homeowners Association. I also certify that the information contained in the above application is true and correct to the best of my knowledge, and represents an accurate and complete description of my home business.

I have reviewed the Issaquah Highlands Community Association's Use Restrictions and Rules and consent to abide by these Rules and operate business under all IHCA governing documents.

Applicant Signature: _____ Date: 4/11/16



STATE OF
WASHINGTON

BUSINESS LICENSE

Sole Proprietorship

Unified Business ID #: 603 599 112

Business ID #: 1

Location: 1

Expires: 03-31-2017

**RISE COUNSELING
1126 NE PARK DR
ISSAQUAH WA 98029 7410**

TAX REGISTRATION

**CITY LICENSES/REGISTRATIONS:
ISSAQUAH GENERAL BUSINESS**

LICENSING RESTRICTIONS:

A maximum of one (1) customer vehicle is allowed at this residence at one time.

**REGISTERED TRADE NAMES:
RISE COUNSELING**

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Vicki Smith
Director, Department of Revenue

