



6000 Main Street SW
 Lakewood, WA 98499
 Phone (253) 512-2264
 Fax (253) 512-2268

RENTAL HOUSING LICENSE APPLICATION FORM

NEW APPLICATION
 FEE: \$53.00

UPDATE/RENEWAL
 FEE: \$53.00

This is an APPLICATION ONLY, and NOT a license to conduct business.
You must obtain a business license PRIOR to conducting business.
ALL LICENSES EXPIRE DECEMBER 31ST AND MUST BE RENEWED ANNUALLY

FILL OUT THIS FORM IN ITS ENTIRETY
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

RENTAL HOUSING INFORMATION:

Name of Rental Property: _____ UBI#: _____
 Location/Physical Address: _____
 Mailing Address (if different): _____
 Phone: _____ Fax: _____
 Number of buildings on property: _____ Number of units per building: _____
 Total number of rental units on site: _____ Number of units per building: _____

OWNER/LEGAL ENTITY INFORMATION: (please check one of the following)

Sole Proprietor Partnership Corporation Limited Liability Non-Profit

Sole Proprietor/Partnership

Owner Name: _____ Owner Name: _____
 Title: _____ Title: _____
 Residence Address: _____ Residence Address: _____

 Contact Phone: _____ Contact Phone: _____
 Home Phone: _____ Home Phone: _____

Corporation, LLC, Non-Profit

Corp/LLC/Name: _____
 Officer/Agent/Representative: _____
 Title: _____
 Address: _____
 Contact Phone: _____
 Corp/LLC UBI (if different): _____

On-Site Manager

Name: _____ Phone: _____
 Address: _____ Unit#: _____

Emergency Contacts

In case of emergency during non-business hours, whom should we contact? Please list individuals who have access to the establishment and to the keys and alarm codes, to help eliminate delays.

Name: _____ Phone: _____
 Name: _____ Phone: _____

PLEASE ANSWER ALL THE QUESTIONS BELOW

Normal Business Hours: _____ Parking Lot Lights on After Hours: _____

Type(s) of fire safety devices on site:

- Fire alarm
- Smoke detectors
- Fire extinguishers
- Systems maintained/monitored annually by: _____

Number of dumpsters/recycle bins on site: _____

Please indicate which of the following apply to this location:

- Pool
- Playground
- Laundry Room
- Day Care
- Exercise Room
- Rec Room
- Hot tub/Sauna
- Other: _____
- Sport Court
- Other: _____

Are unit numbers and building numbers clearly posted? Yes No _____

Is the address posted and clearly visible from street? Yes No _____

Crime Free Housing Status Completion:

Phase I _____ Date: _____

Phase II _____ Date: _____

Phase III _____ Date: _____

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I also understand that I am responsible for notifying the business License Division, in writing, of any change in location or mailing address within ten days of the change. All licenses are nontransferable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Signature of Applicant (owner/partner/corporate officer) Title Date

Application Prepared By (please print) Title Date

BUSINESS LICENSE - ZONING REVIEW CHECKLIST: (FOR OFFICIAL USE ONLY)

TAX PARCEL # _____ ZONE: _____

ZONING USE TYPE: _____

PRIMARY PERMITTED USE/AUP/CUP/SEPA: _____

TENANT IMPROVEMENT PERMIT REQUIRED: _____

PLANNING APPROVAL: _____ DATE: _____