Business License Application Form
Bath House Attendant / Manager

Fee: $113.00 before February 28, 2010*
*After March 1, 2010 a 100% late fee will be applied to all renewing license applications. Please print or type. 21 day conditional license issued. A business license must be obtained.

Purpose of Application (check one)
☐ New Application ☐ Update/Renewal Application ☐ Business License No.
Application is for: ☐ Manager ☐ Attendant (Mark One)

We wish to take this opportunity to welcome you and your business to the community. The City’s acceptance of your application and fee does not constitute approval or authorization to conduct business. Business licenses expire on December 31st of each year, failure to renew your business license by February 29th of each year will result in a 100% penalty assessed and other penalties/assessments may be added per the Lakewood Municipal Code Title 5. It is the responsibility of the business/Applicant to notify the City of Lakewood Business Licensing Division of any changes not reflected on the original business license and are not transferable.

1. Incomplete Application Packages will not be accepted
2. Application must be in the individual’s name, signed by the applicant and notarized
3. Applicant must present one of the following to the license division:
   A. Current and valid State Driver’s license with photo and signature.
   B. Current Washington State issued identification card with photo and signature.
   C. Official passport issued by the United States.
4. A letter from the Bath House establishment owner, indicating intent to employ applicant 30 days prior to date of intended employment.

All applications will be submitted to a background check in accordance with the procedures of the City or its law enforcement agency.

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<thead>
<tr>
<th>Applicants Name</th>
<th>Start Date</th>
<th>Current Phone:</th>
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<tbody>
<tr>
<td>Address</td>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Social Security #</th>
<th>Place of Birth:</th>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Current Driver’s License #:</th>
<th>State of Driver’s License:</th>
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<tr>
<th>Identification #:</th>
<th>State of Identification:</th>
<th>U.S. Citizen</th>
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Name, Address and Phone # of the Business where you intend to work as a Bath House Attendant/Manager:

NAME: ADDRESS: PHONE #:

1. ___________________________________________________________________
Criminal convictions, locations, and approximate dates:

Have you been convicted of or found to have committed any violation of any law, ordinance or regulation related to or connected with the type of business for which you are applying?

<table>
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<tr>
<th>Crime Convicted Of:</th>
<th>Location:</th>
<th>Date:</th>
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Have you been licensed by the City of Lakewood under any other name? If yes, what name?

I certify, that the information contained herein is correct. I understand that any untrue statement is cause for revocation of this application and the subsequent License. I further understand that there are no refunds of license fees and that falsification, or omissions on this application are grounds for denial, suspension, or revocation of the license.

Applicant Signature:_____________________________________

Print Name:________________________________________

Date Signed:_________________________

Signed By:___________________________________________

State of Washington
County of Pierce

I certify that I know or have satisfactory evidence that__________________________________________ is the person who appeared before me and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the use and purposes mentioned in the instrument.

Dated:

Witness my hand and official seal:

Signature:__________________________________________

Name as commissioned:

Title:______________________________________________

I authorize the City, its agents and employees to investigate and confirm any statements set forth in this application. I understand the conditional license I am issued will have an automatic conversion date of 21 days from date of issue to permanent for the remainder of the year, unless I fail to meet the requirements for the issuance of this license.
My appointment expires: --

Police Service Use Only:

Fingerprinted By: __________________________
Date Fingerprinted: __________________________

PHOTO ID.

City Service Use Only

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<tr>
<th>CITY OF LAKEWOOD</th>
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<tr>
<td>6000 Main St. SW</td>
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<tr>
<td>Lakewood, WA 98499</td>
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<td>Expiration: December 31, 2005</td>
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**Bath House Attendant / Manager**

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<tr>
<th>License#</th>
<th>Establishment</th>
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Name: __________________________
Signature: __________________________

Community Development Director: __________________________