



# RENTAL HOUSING BUSINESS LICENSE APPLICATION

Updated  
Aug2022

Physical Address:

Auburn City Hall Annex, 2<sup>nd</sup> Floor  
1 East Main Street

Mailing Address:

25 West Main Street  
Auburn, WA 98001-4998

Webpage & Email:

[www.auburnwa.gov](http://www.auburnwa.gov)  
[businesslicenses@auburnwa.gov](mailto:businesslicenses@auburnwa.gov)

Phone & Fax:

Phone: 253-804-5011  
Fax: 253-804-3114

## GENERAL INFORMATION

**LICENSEE MAILING ADDRESS** *(This is the location where the license and future renewal forms will be sent)*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Suite #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**LEGAL STATUS:** ☐ Sole Proprietor ☐ Individual ☐ Corporation ☐ LLC ☐ Partnership ☐ Other

## PROPERTY / BUILDING INFORMATION (One application per rental property address, exemptions noted below)

Address: \_\_\_\_\_ Parcel #: \_\_\_\_\_

☐ Multi-Family - # of units: \_\_\_\_\_

☐ Single Family Residence – **Required** - please provide the following information:

Are you, or any of your tenants, renting all or portions of the home to more than one individual through separate, unrelated lease or rental agreements? ☐ Yes\* ☐ No

Is the property owner residing at a different address? ☐ Yes\* ☐ No

*(\*if you answered YES to both questions, see Communal Residence below)*

# of Bathrooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_ # of Occupants \_\_\_\_\_

# of **useable** on-site parking spaces: Garage \_\_\_\_\_ Carport \_\_\_\_\_ Driveway \_\_\_\_\_ Other \_\_\_\_\_

**PLEASE FILL OUT** an application for each address and/or building (CONDOMINIUMS AND APARTMENTS CAN BE LISTED ON ONE APPLICATION WITH THE NO. OF UNITS). If this is a **commercial or short-term rental** apply through the State, go to [www.auburnwa.gov](http://www.auburnwa.gov) and select the Business License page for more information on the application process.

**For Staff Use:**  
**BUS LICENSE #**

### ACC 18.04.249 Communal residence.

"Communal residence" is a business operated out of a single residential home without an owner occupant residing therein, where the residential home, or portions thereof, is/are rented to more than one individual through separate, unrelated lease or rental agreements.

### ACC 18.31.130 Communal residence standards.

The occupancy limit for a communal residence shall not exceed four people. There must be one off-street parking stall that meets city standards of ACC 18.52.050, Parking design, development, and maintenance standards, per tenant.

### Communal Residence Submittal Requirements *(Application will not be accepted if these items are missing):*

☐ **Provide a floor plan** of the house that labels each room (e.g. bedroom, bathroom, etc.) that includes dimensions of each room. Please also note any modifications to the structure that have resulted in the creation of additional bedrooms.

☐ **Provide a site plan** or aerial photo of the property that identifies the location of the house and **useable** parking spaces.

### License Issuance Requirements

☐ You must schedule an inspection. A site inspection must be completed before the license can be issued.

**COMPLETE THIS SECTION EVEN IF INFORMATION IS ALREADY LISTED ABOVE (attach separate page(s) if necessary):**

## BUSINESS OWNER INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth:	Place of Birth:	Driver's License #:
<b>BUSINESS CO-OWNER INFORMATION (IF APPLICABLE)</b>		
Name:	Title:	% Owned
Address:	City/State:	Zip:
Phone:	Fax:	Email:
Date of Birth:	Place of Birth:	Driver's License #:
<b>PROPERTY MANAGER/AGENT INFORMATION</b>		
Name:	Title:	% Owned
Address:	City/State:	Zip:
Phone:	Fax:	Email:
Date of Birth:	Place of Birth:	Driver's License #:
<b>LOCAL EMERGENCY CONTACT INFORMATION (Contact must be within 50 miles of the property)</b>		
Name:	Title:	% Owned
Address:	City/State:	Zip:
Phone:	Fax:	Email:
Date of Birth:	Place of Birth:	Driver's License #:

Have you ever had a rental housing business license with the City of Auburn denied, revoked or suspended? ☐ Yes ☐ No  
 If yes, when and for what property address: \_\_\_\_\_

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations, conditions, and statutes of the City of Auburn and the State of Washington. The issuance of this business license does not imply compliance with the Zoning Code and International Fire and Building Codes.

**Notice to owners of single family residential dwelling units that will be rented:** By signing this application you are also acknowledging and agreeing to the following terms:

1. As the landlord, you are responsible for ensuring that you are providing safe living conditions for tenants.
2. As the landlord, you are responsible for ensuring that garbage and recycling receptacles are on site and available to tenants and for ensuring that garbage and recycling curbside service is provided.
3. As the landlord, you are responsible for landscaping and the general external appearance of the property.
4. As the landlord, you are responsible for ensuring that there is adequate on-site parking available for all tenants.
5. As the landlord, you are responsible for implementing management strategies that ensure that tenants under the age of 18 are complying with the curfew requirements of Auburn City Code Chapter 9.14 when the minor does not have an onsite resident guardian or chaperone.
6. As the Communal Rental property owner, I understand that I am required to schedule a building inspection with the City of Auburn Building Department prior to renewal of my annual business license. The building inspector will be provided access to all exterior and interior areas of the property. I understand that the purpose of the inspection is to ensure that unauthorized structural alterations have not occurred, that there are no life safety concerns, and that occupancy limits have not been exceeded.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title (if applicable):** \_\_\_\_\_

**License Fee:** Fees assessed per Auburn City Code (ACC) adopted [Auburn fee schedule](#)

**PLEASE NOTE** – Please contact business license services to confirm fees for rental properties or review the city's adopted fee schedule.

PLEASE REPORT ANY SOLD PROPERTIES.