

ADULT FAMILY HOME OCCUPATION LICENSE

“Adult Family Home” means a regular family abode of a person or persons who are providing personal care, room, and board to more than one but not more than four adults who are not related by blood or marriage to the person or persons providing the services; except that a maximum of six adults may be permitted if the department of social and health services determines that the home is of adequate size and that the home and the provider are capable of meeting standards and qualifications as provided for in chapter **70.128 RCW** as presently constituted or as may be subsequently amended or recodified. For the purpose of this section, an adult is a person who has attained the age of 18 years.

Adult family homes must be licensed by the Department of Social and Health Services of the State of Washington. The City of Des Moines will not issue your City license until you can produce a copy of the State License.

The adult family home shall meet all City licensing, zoning, building, housing and fire regulations. A “Change of Occupancy Use” must be applied for and requires the approval of the City of Des Moines Building Official. In order to secure that approval, several areas of the building may need structural changes, additional fire protection, or zoning code upgrades as required by the code for the proposed occupancy. A business license CANNOT be approved until this process is completed. You may contact the City’s Building Department by calling 206-870-7576.

Adult Family Business Licenses expire December 31st of the year issued. Failure to renew your license by February 15th of the following year results in a 100% late penalty. We will send a renewal notice to your mailing address by December 15th. If you have not received it by January 1st, please contact the City Clerk’s office to confirm your mailing address.

Administrative Guidelines Applied to License Review:

1. In order to minimize the impacts of parked vehicles, home occupations which involve clients, customers or employees coming to the home shall have sufficient parking on site and/or on the street immediately in front of the site. In determining the availability of parking space, the City will consider the number of vehicles existing on the site during the hours of business operation in addition to those coming to the site. Also considered will be the suitability of the site and/or street to safely accommodate parked vehicles.
2. In order to minimize traffic impacts, home occupations shall generally have no more than eight (8) clients, customers, employee, noncommercial deliveries, or combination thereof, coming to the site each day.
3. In order to minimize the intrusion of commercial vehicles into residential neighborhoods, home occupations shall have no more than one delivery per week by commercial vehicles.

REMEMBER, an incomplete application may delay the processing of your license. Be sure to review your application prior to submittal.

Please print the following application form, complete the required information and mail, or bring in to the City Clerk’s office with the appropriate fee of \$30.00.



City of Des Moines

21630 11th Avenue South
Des Moines, WA 98198

Adult Family Home Occupation License Application

[] New Application [] Change in Location [] Late Renewal

Name of Business _____

Business Location _____

Mailing Address _____

Business Phone _____ Parcel ID # _____ Number of Adults _____

Will more than two (2) parking spaces be required? [] No [] Yes If yes, how many? _____

Washington State Dept. of Social & Health Services License # _____

Expiration Date: _____ (Please remember that you must furnish the City a copy of this license.)

Officers of Business

1) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

I hereby attest that I have not had a similar license revoked and have not operated without any required license(s) in any jurisdiction within a one-year period prior to the date of making this application for a license. I understand that I am responsible for notifying the City Clerk's office of any change in the status of my business as well as any new mailing addresses. I further declare under penalty of perjury that the information provided on this application is true and accurate. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Applicant's Signature _____ Title _____ Date _____

FEE: \$30.00

Office Use Only

Business Name _____ Date Submitted _____

Application is [] Approved [] Denied

Comments _____

Signature _____ Title _____ Date _____