

## **RENTAL OF REAL PROPERTY BUSINESS LICENSE APPLICATION**

Des Moines Municipal Code Chapter 5.04 requires all persons wishing to conduct any business within the City to first secure a City of Des Moines business license. This includes rental of residential units suitable for habitation with a separate entrance and exit that is rented by the owner to another and used as a home, residence, or sleeping place, including but not limited to a single family home, room or apartment.

Records indicate that you are the owner of such real property subject to the provisions of Des Moines Municipal Code. I have enclosed the following forms for the purpose of securing a business license:

- An Application Form. Please complete this form and return with the \$150.00 application fee for duplex or greater.
- Helpful hints/information for completing your Rental of Real Property Business License application.
- Applicant Work Sheet. **NOTE: Your application will be considered incomplete and WILL NOT be accepted unless this form is completed. (Except Single Family Home.)**
- A welcome letter from South King Fire and Rescue.
- A Contact Sheet, for emergency purposes of the Police and Fire Departments. Please complete and return.

Business license fees run from January 1st through December 31st and must be renewed on or before the Fifteenth day of February. If I can be of any assistance or you have any questions please call 206-878-4595.(businesslicense@desmoineswa.gov).

City Clerks Office

Encls.

c:\business:rentcovr.doc

# EMERGENCY CONTACT SHEET

---

South County Fire & Rescue  
31617 1<sup>st</sup> Avenue  
Federal Way, WA 98003  
253-946-7248 Fax 253-529-7206

Des Moines Police Department  
21900 11th Avenue South  
Des Moines, WA 98198  
206-878-3301 Fax 206-870-7626

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address/P. O. Box City State Zip

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Normal Business Hours: \_\_\_\_\_ Days: \_\_\_\_\_

Lights On After Hours:  Yes  No If yes, where? \_\_\_\_\_

Will There Be a Safe on the Premises?  Yes  No

Does Business Have an Alarm?  Yes  No Silent?  Yes  No

Alarm Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## EMERGENCY CONTACTS:

In case of an emergency, during non-business hours, who should we contact? Please list individuals who have access to the establishment. This will help to eliminate delays in an emergency situation. Thank You!

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*City of Des Moines*

21630 11th Avenue South

Des Moines, WA 98198

[businesslicense@desmoineswa.gov](mailto:businesslicense@desmoineswa.gov)

206-870-6565

Fax 206-870-6540

Change in Ownership

New Application

Late Renewal

**MULTI-UNIT RENTAL OF REAL PROPERTY BUSINESS LICENSE APPLICATION**

NAME OF RENTAL \_\_\_\_\_

RENTAL LOCATION \_\_\_\_\_

# UNITS ON SITE \_\_\_\_\_ # BLDGS. ON SITE \_\_\_\_\_ # OF UNITS PER BLDG. \_\_\_\_\_

# OF PARKING SPACES \_\_\_\_\_ YEAR BUILT \_\_\_\_\_ PARCEL ID# \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ UBI NUMBER \_\_\_\_\_

PROPERTY MANAGER:

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

OWNER(S) - Attach an additional sheet if necessary:

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I understand that I am responsible for notifying the City Clerk's office of any change in the ownership, as well as any new mailing address. I further understand that this rental of real property must comply with all federal, state, and local codes and ordinances.**

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**FEES:** \$150.00 Business License Fee **NOTE:** An incomplete application may delay processing

**Office Use Only**

Rental Location: \_\_\_\_\_ Date: \_\_\_\_\_

Application is  Approved  Denied Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_