

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.

B & O TAX: For businesses with gross receipts greater than \$50,000, the tax rate is equal to two-tenths of one percent (.2%) of their gross receipts. Businesses with gross receipts equal to or less than \$50,000 per year are not required to pay the tax, although it is still necessary for the business to file a return

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.

City of Des Moines

Business License Application

21630 11th Ave S, St. A

Des Moines, WA 98198

206 870 6580 fax 206 870 6540

businesslicense@desmoineswa.gov



BUSINESS NAME

MAILING ADDRESS

City State Zip Code

PHYSICAL ADDRESS

City State Zip Code

Business Phone Fax

UBI # State License #

Email Address No. of Employees: Full-time Part-time

Business Type: (check one) Corporation LLC Partnership Sole Proprietorship Non-Profit

License Type: (check one)

Commercial located in the City of Des Moines - \$50.00* <input type="checkbox"/>	Adult Family Home - \$50.00* <input type="checkbox"/>
Commercial <u>not</u> located in the City of Des Moines - \$50.00* <input type="checkbox"/>	Family Daycare - \$50.00* <input type="checkbox"/>
Multi-unit Residential Rental - \$200.00* <input type="checkbox"/>	Single Residential Rental - \$50.00* <input type="checkbox"/>
Home Occupation - \$50.00* <input type="checkbox"/>	

Total cost*

ESTIMATED GROSS ANNUAL BUSINESS INCOME: (check one)
 \$0-\$12,000 \$12,001-\$28,000 \$28,001-\$60,000 \$60,000-\$100,000 \$100,001 and above

Check if the business includes: Retail sales? Wholesale sales?

STATE SPECIFIC NATURE OF BUSINESS:

******* PLEASE LIST ALL OWNERS, PARTNERS, OR OFFICERS ON THE NEXT PAGE *******

EMERGENCY CONTACT AFTER BUSINESS HOURS:

Name(s) Phone Number

PROPERTY OWNERS:

Name(s) Phone Number

Check if you have an alarm Alarm Co. Name Phone #

Alarms are required to be registered with the Des Moines Police Department (DMMC 9.10.030)

Des Moines Municipal Code 5.04.020 requires all persons wishing to conduct any business within the City of Des Moines to first secure a City of Des Moines business license. Licenses expire on December 31st. Failure to renew license by February 15th of the following year results in a 100% late penalty. 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 work sheet, is true and accurate. I understand my place of business must comply with Federal, State and local codes and ordinances.

Applicants Signature _____ Title _____ Date _____

OWNERS, PARTNERS, OR OFFICERS

Business License Application #

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

City State Zip

Phone

Name(s)

Home Address

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Phone

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