

## **FAMILY DAY CARE HOME OCCUPATION LICENSE**

Per DMMC 18.01.050, “family day-care provider” means a licensed day-care provider who regularly provides day-care for not more than 12 children in the provider’s home in the family living quarters.

A family day-care provider home facility is a permitted use in residential zones, subject to the following conditions per DMMC 18.52.010A -Footnote 41:

- The family day-care provider is currently licensed by the State of Washington Department of Social and Health Services and adheres to all licensing standards.
- The family day-care provider must obtain a business license under DMMC 5.04.
- Family day-care services are provided in a residential dwelling exclusively in the family living quarters.
- The structure in which family day-care services are provided complies with all building, fire, safety, and health codes.
- Signs identifying the residence as a family day-care provider are prohibited.
- The Washington state Department of Social and Health Services certifies that there are adequate child drop-off and pick-up areas.
- Hours of operation are limited to 6 a.m. to 9 p.m.
- Prior to licensing, the City provides written notification to immediately adjoining property owners of the provider of the intent to locate and maintain the facility in order to provide the Washington State Department of Social and Health Services an opportunity to provide a forum to resolve any dispute.

### **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.

### **Helpful Information for Completing Your License Packet:**

Contact the Washington State Department of Social and Health Services, office of Child Care Policy at 253-372-6067. The City will not issue your license until you can produce a copy of the State license.

Your parcel ID number is located on your property tax statement.

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’ office to confirm your mailing address.

**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’ office with the appropriate fee. **REMEMBER**, an incomplete application will delay the processing of your license. Be sure to carefully review your application prior to submittal.

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

**License Type:** Commercial located in the City of Des Moines - \$50.00\*  Adult Family Home - \$50.00\*   
 Commercial not located in the City of Des Moines - \$50.00\*  Family Daycare - \$50.00\*   
 Multi-unit Residential Rental - \$200.00\*  Single Residential Rental - \$50.00\*   
 Home Occupation - \$50.00\*

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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