



# RENTAL HOUSING BUSINESS LICENSE APPLICATION

FINANCE DEPARTMENT . 200 E MARKET ST . ABERDEEN, WA 98520  
(360) 537-3225 . [www.aberdeenwa.gov](http://www.aberdeenwa.gov)

**GENERAL INFORMATION**      Refer to Aberdeen Municipal Code Section 5.10.220

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

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Washington State License # \_\_\_\_\_

**PROPERTY / BUILDING INFORMATION** (list all properties you own - use additional sheets if needed)

Address: \_\_\_\_\_ Parcel # \_\_\_\_\_  
 Single Family Residence      \_\_\_\_\_ Multi-Family - # of units:  Do tenants receive mail  
 (unit of 1)      at this residence? If so  
 Is the property owner residing within this home?  Yes    No      provide unit #'s \_\_\_\_\_

Address: \_\_\_\_\_ Parcel # \_\_\_\_\_  
 Single Family Residence      \_\_\_\_\_ Multi-Family - # of units:  Do tenants receive mail  
 (Unit of 1)      at this residence? If so  
 Is the property owner residing within this home?  Yes    No      provide unit #'s \_\_\_\_\_

Address: \_\_\_\_\_ Parcel # \_\_\_\_\_  
 Single Family Residence      \_\_\_\_\_ Multi-Family - # of units:  Do tenants receive mail  
 (Unit of 1)      at this residence? If so  
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 Single Family Residence      \_\_\_\_\_ Multi-Family - # of units:  Do tenants receive mail  
 (Unit of 1)      at this residence? If so  
 Is the property owner residing within this home?  Yes    No      provide unit #'s \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Entered:  
 UB \_\_\_\_\_ & Excel \_\_\_\_\_

Initial License Fee      \$25.00  
 (First location)

Additional Units \$1.00 X \_\_\_\_\_ = \_\_\_\_\_

**Total Amount Due**      \_\_\_\_\_

COMPLETE THIS SECTION EVEN IF INFORMATION IS ALREADY LISTED ON FRONT PAGE

**BUSINESS OWNER INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**BUSINESS CO-OWNER INFORMATION (if applicable)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**PROPERTY MANAGER/AGENT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**LOCAL EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a rental housing business license with the City of Aberdeen denied, revoked or suspended? \_\_\_ Yes \_\_\_ No

If yes, when and for what property \_\_\_\_\_

I hereby certify and declare under penalty of perjury under Washington State law that the statements furnished by me on this application are true and complete to the best of my knowledge.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_