



Transient Accommodation Application Packet

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Important Information:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
Revenue Section
PO Box 1099
Olympia, WA 98504-1099

Send other documents not sent with initial application to:

Transient Accommodation Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

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Application Instructions Checklist

Thank you for your interest in obtaining a transient accommodation license. Please use the following checklist to ensure that all application materials are submitted.

Indicate type of application—new, change of ownership, or amended.

- **New**—First time requesting a transient accommodation license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed agency.
- **Amended**—Changing the number of lodging units or the name of the transient accommodation.

Check One: Please check your legal owner/operator business structure type according to your Washington State Master Business License.

Application Fee: You can check the online [fee page](#) for current fees.

1. Demographic Information:

Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/ Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if applicable.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web site.

Physical Address: Enter the agency's physical street location including city, state, zip and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

2. Facility Specific Information:

Check One: Please check which type of transient accommodation you are applying for; Bed & Breakfast, Condominiums, Crisis Shelter, Hostel, Hotel, Inn, Motel, Resort, Retreat Center, Rustic Resort.

Total Number of Lodging Units: Enter total number of units in facility you are getting licensed.

Is Facility Open Year Round: Please check yes or no. If you check no, indicate what dates your facility is open.

Date Opened: If this is a new facility, indicate date it opened.

Date of sale closed/transferred: Enter date of transfer of ownership, operator, or license.

3. Contact Information:

Enter name, title, phone number, fax number, and email address.

4. Additional Information:

Corporation information: Enter date of incorporation, corporate number, and state of corporation.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, partners, member, managers, etc. Attach additional sheet of paper, as needed.

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, effective date of ownership change and physical address, if applicable.

Signature:

Signature of legal owner or authorized representative.

Date signed.

Print name of legal owner or authorized representative.

Print title of legal owner or authorized representative.

Date
Stamp
Here

Revenue: 0597253410

Transient Accommodation License Application

This is for: New Change of Ownership Amended

Check One

- | | | |
|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Municipality (City) | <input type="checkbox"/> State Government Agency |
| <input type="checkbox"/> Federal Government Agency | <input type="checkbox"/> Municipality (County) | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership | |

1. Demographic Information

UBI #	Federal Tax ID (FEIN) #
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Legal Owner/Operator Name

Mailing Address

City	State	Zip Code	County
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Phone (enter 10 digit #)	Fax (Enter 10 digit #)
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Email Address	Web Address:
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Facility/Agency Name (Business name as advertised on signs or Website)

Physical Address

City	State	Zip Code	County
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Facility Phone (enter 10 digit #)	Fax (enter 10 digit #)
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Mailing Address (If different than physical address)

City	State	Zip Code	County
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2. Facility Specific Information

Check One

- Bed & Breakfast Condominiums Crisis Shelter Hostel Hotel
 Inn Motel Resort Retreat Rustic Resort

Total number of lodging units: _____

Is your facility open year around? Yes No If no, dates open _____

Date opened (new facility): _____

Date of sale closed/transferred (transfer of ownership/operator/license): _____

3. Contact Information

Name		Title
Phone (enter 10 digit #)	Fax (enter 10 digit #)	Email

4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation
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Legal Owner Information—attach additional sheets as needed

List names, addresses, phone numbers, and titles of corporate officers, partners, members, managers, etc.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous License #	Effective Date of Ownership Change
Physical Address		

Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative

Date

Print Name

Print Title



Washington State Department of
Health
 Transient Accommodation
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877

Transient Accommodation Self-Inspection Form

Facility Name _____

Physical Address _____

Phone (enter 10 digit #) _____ Fax (enter 10 digit #) _____

Instructions:

1. If a question does not apply to your facility, put a check in the “**NA**” (**Not Applicable**) Column.
 2. If the answer is “Yes”, put a check in the “**Y**” (**Yes**) Column.
 3. If the answer is “No”, put a check in the “**N**” (**No**) Column.
 - Describe how you will correct the problem using the space in the next column; **and**
 - Write the date by which you will complete the correction in the last column.
 4. Attach additional pages, if necessary, to explain corrections and/or make comments.
 5. **Sign and Date** this form after completing the self-inspection, and return it to the address above.
- If you have any questions, please call 360-236-4700.

Items of Inspection	Y	N	NA	How will you correct?	By what date?
<u>WAC 246-360-020 (License)</u>					
1. Do you have local approval for new construction?					
<u>WAC 246-360-030 (Responsibilities and Rights-Licensee)</u>					
2. Is your license posted where the public can view it?					
3. Have you adequately supervised employees to ensure that TA is clean, safe, sanitary, and in good repair?					
4. Have you established policies and procedures requiring employees to maintain good personal hygiene?					
5. Do you have a written basic emergency preparedness plan?					
<u>WAC 246-360-040 (Water Supply and Temperature Control)</u>					
6. Are you on an approved water system? If not, please explain.					
7. Is the water supply free of cross connections? (Submerged inlets on ice machine drain pipes, water faucets, hose attachments, toilet tank filter, etc.)					
8. Is the hot and cold water under adequate pressure?					
9. Is the hot water at sinks/bathing fixtures 100-120°?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
10. Have you labeled any water unsafe for domestic use “Do Not Drink” at the outlet?					
<u>WAC 246-360-050 (Sewage and Liquid Waste Disposal)</u>					
11. Are you on an approved sewer system? If not, please explain.					
12. Is the property free of surface wastewater?					
<u>WAC 246-360-070 (Refuse and Vectors)</u>					
13. Is a washable leak-proof trash container provided in each unit?					
14. Is the area around your facility maintained in a clean and sanitary manner?					
15. Is the trash removed from each unit after each occupancy and handled in a clean, safe, and sanitary manner?					
16. Is the trash removed at least every three days?					
17. Is the outside trash stored in a washable, leak proof, and closed covered containers?					
18. Are the buildings free from insects, rodents, and pests?					
<u>WAC 360-360-080 (Construction and Maintenance)</u>					
19. Are the buildings structurally sound?					
a. Are the buildings and fixtures in good repair?					
b. Are all the areas kept clean?					
c. Are the wall, floor, and ceiling surfaces easily cleanable?					
d. Are the carpets and floors, especially under beds, cleaned/vacuumed between guests?					
e. Are the phone receivers cleaned between guests?					
f. Are the bath fixtures and the floors in bathrooms sanitized between guests?					
g. Are the bathing facilities caulked and free of mold and mildew?					
h. Are the bathroom/toilet room vents cleaned?					
<u>WAC 246-360-090 (Lodging Units)</u>					
20. Do the occupants exceed the number of beds present based on their intended maximum usage?					
21. Is there an adequate clear path of egress from each bed in case of a fire?					
22. Is there a phone capable of allowing immediate communication to the police, fire department, etc.?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
<u>WAC 246-360-100 (Bathrooms, Water Closets, and Handwashing Sinks)</u>					
23. Is there at least one bathing facility, water closet, and sink for every 15 guests in facilities with common-use bathrooms?					
24. Is there means for privacy in water closets and for bathing in common-use facilities? Is guest privacy provided for in toilet or bathrooms?					
25. Are single use towels or drying devices provided by common-use sinks?					
26. Are the fixtures and drains safe and working properly, and are sink drain stems cleaned frequently?					
27. Are slip-resistant surfaces or devices provided for in bathtubs and showers?					
28. Is there a place to wash hands in, or adjacent to, each water closet?					
29. Is toilet tissue provided by each toilet?					
30. Is there soap by handwashing and bath fixtures?					
31. Are clean towels, washcloths, and floor mats provided upon guest arrival, and changed at least once a week or provided upon request for continuing guests?					
32. Is the clean linen stored off the floor?					
<u>WAC 246-360-110 (Lodging Unit Kitchens)</u>					
33. Do the kitchens/food preparation areas have:					
a. Cleanable floors and walls in good repair?					
b. The kitchen ventilated?					
c. A sink other than the handwashing sink large enough to handle the largest utensil in the lodging unit?					
d. A sink with hot and cold water?					
e. Cleanable food storage and preparation areas?					
f. Leak proof waste food containers in sanitary condition or a container with a disposable leak-proof liner?					
34. Do the refrigerator(s):					
a. Maintain temperature(s) at 45° or lower?					
b. Get cleaned and sanitized between guests?					
c. Stay in good repair and in sanitary condition?					
35. Is the cooking equipment permanently installed, and does it meet nationally recognized testing?					
36. Has the cooking equipment been installed according to local building codes?					
37. Are the table, counter, and chairs cleanable and in good repair?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
38. Are the food preparation areas and refrigerators cleaned and sanitized between guests?					
39. Between the guests, are utensils, dishes, and glasses washed, rinsed, and sanitized by hand or dishwasher?					
<u>WAC 246-360-120 (Heating and Cooling)</u>					
40. Is there a safe means of heating the units to at least 65°?					
41. If provided, is the heating and cooling system safe, and are vents and filters cleaned regularly?					
<u>WAC 246-360-130 (Lighting) and 140 (Ventilation)</u>					
42. Is there adequate light for safety and maintenance?					
43. Is there sufficient emergency lighting for guests to exit safely in event of a power outage?					
44. Is there required ventilation (natural or mechanical) in each unit, kitchen, bath, toilet room, and laundry?					
<u>WAC 246-360-150 (Beds and Bedding)</u>					
45. Are the beds, mattresses, pads, pillows, mattress pads, bedding and linens clean, sanitary, and in good repair?					
46. Is the bedding changed between guest occupancies and at least weekly or when requested for continuing guests?					
47. Are the blankets, spreads, etc. kept off the floor while beds are changed?					
48. Do the sleeping units have beds, mattresses, mattress pads, bedding, etc. that are clean and safe?					
<u>WAC 246-360-160 (Food and Beverage Services)</u>					
49. Is the food stored off the floor and away from toxic material?					
50. Are the single use ice buckets, plastic glasses, etc., disposed of and replaced between occupancies?					
51. Are the multiple-use ice buckets washed, rinsed and sanitized between guest occupancies?					
52. Are the multiple-use utensils washed, rinsed, sanitized and stored in a safe and sanitary manner?					
53. Are the reusable cooking utensils and ice buckets in good condition?					
54. Are the ice machines:					
a. Cleaned on the outside, including coils?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
b. Cleaned and sanitized on the inside at least twice a year?					
c. Self dispensing, with no common bins accessible to guests?					
55. Are the drinking fountains kept clean with adequate water pressure?					
56. Do the drinking fountains have adequate pressure?					
57. Does the staff who prepare or serve food have current food service worker permits?					
58. Is the current food service permit posted?					
<u>WAC 246-360-180 (Laundry)</u>					
59. Is the laundry done on site or by a commercial laundry service?					
60. Is the clean laundry in a designated area, off the floor, and protected from contamination?					
61. Is the soiled laundry kept separate from clean laundry during storage and transport?					
62. Is a hand washing facility readily accessible to employees?					
<u>WAC 246-360-200 (Safety, Chemical and Physical Hazards)</u>					
63. Do you have policies and procedures for safely storing, labeling, and using any hazardous chemical agents?					
64. Are the containers stored and used correctly?					
65. Are the chemicals stored and used correctly?					
66. Is a secure handrail present where needed?					
67. Are the gas or oil space and water heaters vented outdoors?					
68. Are the pressure relief valve(s) on hot water tank(s) pointed toward wall(s) and/or the floor?					
69. Is the facility free of physical hazards such as uneven surfaces, damaged equipment or furnishings?					
70. Is there adequate exterior lighting?					
71. Are the doors provided with suitable locking security devices?					
72. Have there been unusual circumstances in any TA units during the past year; for example methamphetamine labs, fire, or floods?					
73. Have the units contaminated by methamphetamine been reported to the local health officer and cleaned by contractors approved by the Department of Health?					

Items of Inspection	Y	N	NA	How will you correct?	By what date?
<u>WAC 246-360-220 (Fire Safety)</u>					
74. Is there a written plan for maintaining smoke detectors and fire extinguishers?					
75. Is there a written plan for maintaining fire alarm system and automatic fire suppression system?					
76. Is the fire alarm system regularly inspected, tested, and maintained?					
77. Are the records for the fire alarm system inspection, testing, and maintenance on site for review?					
78. Is the automatic fire suppression system regularly inspected, tested, and maintained?					
79. Are the records for the fire suppression system inspection, testing, and maintenance on site for review?					
80. Fire Requirements:					
a. Is there an operable smoke detector in each sleeping room and are detectors tested monthly?					
b. Are the fire extinguishers inspected monthly?					
c. Is there a clear path to fire exits?					
d. Is there a current certification of fire alarm system(s) on site?					
e. Is there a current certification if fire sprinkler system(s) on site?					
81. Are the buildings inspected annually by local fire department?					
82. Is a copy of the local fire jurisdiction inspection on site for review?					
83. Have all the extension cords been approved by the local fire authority?					
84. Have all the portable space heaters been approved by the local fire authority?					

I certify that the information contained within this form is true and correct to the best of my knowledge.

Signature of Licensee or Designee

Print Name

Date



RCW/WAC and Online Web Site Links

RCW/WAC Links

[Transient Accommodation Laws, RCW 70.62](#)

[Transient Accommodation Rules, WAC 246-360](#)

On-line

[Transient Accommodation Program, Web Page](#)