Transient Accommodation License Application

Items Needed to Complete Your Application

- This application for the license, completed and signed.
- Licensing fees.

The Department of Health will conduct an on-site survey prior to issuing an initial transient accommodation license or reinstating an invalid license; the inspection will be announced or an unannounced on-site surveys during routine business hours.

For the complete process of licensing see the Transient Accommodations Licensing Process (https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TransientAccommodations). Each license shall be issued only for the premises and persons named in the application.

Contact Us

Contact the Transient Accommodation Program at 360-236-3393 or housing@doh.wa.gov.

Definitions

The term "transient accommodation" means any facility such as a hotel, motel, condominium, resort, or any other facility or place offering three or more lodging units to travelers and transient guests.

The term "Licensee" means the person to whom the department issues the transient accommodation license.

The term "person" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

The term "department" is the Washington State Department of Health.

The term "lodging unit" means one self-contained unit designated by number, letter, or some other method of identification.

Self-Inspection Form

Review the form. By signing the application you are certifying that you have received and reviewed the items of inspection.

More Resources

For laws and rules, and other program services, see Transient Accommodations Resource Book (https://www.doh.wa.gov/portals/1/Documents/Pubs/505019.pdf).
# Transient Accommodation License Application

**Application Type:**
- ☐ New
- ☐ Change of Ownership
- ☐ Amended
- ☐ Expired/Re-Licensure

## Section 1 - Facility Primary Contact Information

Facility Name:  

Facility Address:  

<table>
<thead>
<tr>
<th>City:</th>
<th>State: WA</th>
<th>Zip Code:</th>
<th>County:</th>
</tr>
</thead>
</table>

Primary Facility Onsite Contact Person:  

Title:  

Primary Facility Phone:  

Cell Phone:  

(All electronic communication from our office will be sent to this email.)  

Facility Email:  

Website:  

(All mailed communication from our office will be sent to this address.)  

Facility Mailing Address:  

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
</tr>
</thead>
</table>

## Section 2 – Licensee Information

Business Type:  
- ☐ Limited Liability  
- ☐ Corporation  
- ☐ Non-Profit  
- ☐ Sole Proprietor  
- ☐ Association  
- ☐ Tribal Government Association  
- ☐ State Government Agency  
- ☐ Limited Liability Partnership  
- ☐ Partnership

Business/Owner Name:  

UBI Number:  

Business/Owner Mailing Address:  

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
<th>County:</th>
</tr>
</thead>
</table>

Primary Business/Owner Contact:  

Phone:  

Cell Phone:  

Email:  

Emergency Contact:  

Phone:  

Title:  

Alternate Contact:  

Phone:  

Title:  

## Section 3 – Facility Information

Facility Type:  
- ☐ Hotel  
- ☐ Motel  
- ☐ Bed and Breakfast  
- ☐ Inn  
- ☐ Resort  
- ☐ Retreat  
- ☐ Hostel  
- ☐ Shelter

Number of Rooms:  

☐ Year Round Facility  

☐ Seasonal Facility

If **Seasonal**, Operation Start Date:  

If **Seasonal**, Operation End Date:  

Facility access available during normal business hours?  
- ☐ Yes  
- ☐ No

If no, person to contact for access?  

Name:  

Phone:  

---

DOH 505-056 August 2019  
For people with disabilities, this document is available on request in other formats. Call 1-800-525-0127 (TDD/TTY call 711).  
Page 2 of 3
Section 4 - Change of Ownership (if applicable)

Previous Facility Name: ____________________________

Previous License Number: ____________________________

Previous Owner Name: ____________________________

Phone: ____________________________

Effective Date of Ownership: __________________________________________________________________________________

Section 5 - Required Documents Checklist

☐ Original Application with Signature

☐ [Licensing Fees](www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TransientAccommodations/LicenseRequirements/Fees)

Note: Application will be considered incomplete and may delay licensing if any of the above items are not included.

Section 6 - Signature

This Certifies that I have reviewed and agree to comply with the laws, regulations and requirements as stated in RCW 70.62 and WAC 246.360 and the Self Inspection Form enclosed. I certify that the information herein submitted is true to the best of my knowledge.

Print Name: ____________________________

Signature: ____________________________ Date: __________

Submitting Your Application

Mail your application and fees to: Department of Health, Revenue Section, P.O. Box 1099, Olympia, WA 98507-1099

Make check or money order payable to: Department of Health