



CITY OF
**MOUNTLAKE
TERRACE**

City of Mountlake Terrace
6100 219th Street SW, Suite 200
Mountlake Terrace, WA 98043
425.744.6211
www.cityofmlt.com

RESIDENTIAL RENTAL UNITS BUSINESS LICENSE APPLICATION

LICENSE FEE \$40.00 PLUS \$1.50 PER RENTAL UNIT

OFFICE USE ONLY

BILL# _____ ACCOUNT ID _____ App. # _____
NEW _____ RENEWAL _____ LICENSE # _____ DATE RECEIVED _____ DATE DUE _____
LICENSE FEE \$ _____ NUMBER OF RENTAL UNITS _____ TOTAL UNITS FEE \$ _____
TOTAL AMOUNT DUE \$ _____ RECEIPT NUMBER _____ EXPIRATION DATE December 31 Annually

**ALL ITEMS MUST BE COMPLETED OR APPLICATION WILL NOT BE ACCEPTED.
PLEASE SIGN AND RETURN APPLICATION WITH PAYMENT.**

NAME OF HOMEOWNER (Please Print or Type) _____

OWNER'S PHONE _____

OWNER'S ADDRESS _____

OWNER'S E-MAIL ADDRESS _____

PROPERTY MANAGEMENT INFORMATION (IF APPLICABLE)

Contact Name _____

Address _____

Phone/E-mail _____

FIRST RENTAL UNIT ADDRESS _____

SECOND RENTAL UNIT ADDRESS (if more than one rental unit in Mountlake Terrace) _____

THIRD RENTAL UNIT ADDRESS _____

(If you have more than three rental units, please use a separate piece of paper and attach it to the application.)

EMERGENCY NOTIFICATION: Name/Phone _____

I understand that this is an application for a business license and granting of a license to do business is subject to approval by the City after review.

APPLICANT'S SIGNATURE _____

APPROVE _____ DISAPPROVE _____ DATE _____

COPIES MADE AND ROUTED TO: UTILITY BILLING _____ Date _____