



**CITY OF MOSES
LAKE**
DEPARTMENT OF COMMUNITY
DEVELOPMENT

License No.

321 S BALSAM ST. MOSES LAKE, WA 98837
TELEPHONE: (509) 764-3745 EMAIL:MTORREY@CITYOFML.COM

**ANNUAL VACATION RENTAL
OPERATORS LICENSE APPLICATION**

Applicant Information

Owner's Name:	Date

Company Name:	<i>New applications due Nov. 1</i>

Physical Address:	<i>Renewals due Dec. 1</i>

	Phone: _____

City: _____ State: _____ Zip: _____	Evening Phone: _____
E-mail: _____	
Mailing address if different from above: _____	

City: _____ State: _____ Zip: _____	

Other Property Owner(s) Name:

Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

E-mail: _____ Evening Phone: _____

Vacation Rental Property Information:

Vacation Rental Name (Listing/Advertising Name):

Moses Lake Business License #: _____ **Washington State UBI#:** _____

Parcel Number (APN): _____

City Property Address: _____ Lot Size: (Acres) _____

Moses Lake, WA

Mailing Address if different:

City: _____ State: _____ Zip: _____

Management (Agent) Information if different than owner

Management Agency (if applicable):

Physical Address:

City/State:

Zip:

Phone Number:

Email:

Responsible Person (Owner’s Representative or Agency’s responsible official within 30 min.)

Owner’s Representative Name:

Mailing Address:

City/State/Zip:

E-mail:

Daytime Phone:

Evening Phone:

Site Information

Does your property have any other land use permit (Shoreline Permit, Conditional Use, Variance)

Yes / No

If yes, please mark any that apply and list permit number if you have it.

Shoreline: Permit/Variance/CUP #:

Conditional Use #:

Variance #:

Planned Development #:

Detailed Structure Description: Please provide a description and a site plan of the entire structure along with the portion being used as a short-term rental. (examples: single family home with an upstairs studio apartment to be rented for overnight rental, entire 3-bedroom home to be rented whole, 2-bedroom condominium). See Below

Check any that apply to your Vacation Rental Property:

Single-family dwelling

Manufactured home

Multi-family unit (duplex, tri-plex, +)

Condominium

Mixed-use (commercial/residential)

Description of Property:

Overnight Rental Information and occupancy

Rental Bathrooms:

Rental Beds:

Occupancy = 2 adults x double occupancy bed (+ up to 4 children
6 years in age or older) Max Occupancy

The rental unit contains a

- | | |
|--------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Outdoor private space/patio or balcony |
| <input type="checkbox"/> Kitchenette | <input type="checkbox"/> Fenced area for pets |
| <input type="checkbox"/> Fireplace | |

Sanitation and Disposal:

- Sewer Septic Solid waste: *present receipt of City Sanitation receipt or account number*
 Provide copy of septic permit approval, if applicable

I hereby certify the following:

- I will pay all license fees as required by law.
- I have a current Washington State Business License and City of Moses Lake business license.
- I have sent notice of my intent to operate a nightly rental to my neighbors within 250' of my property.
- I have read the Good Neighbor Guidelines and will make them available to my guests.
- I have completed the self-certification checklist to the best of my ability.
- I have no outstanding Moses Lake Municipal Code violations, fees or penalties.
- I have adequate liability insurance (\$1 million) for short-term rental coverage of my property.
- I understand my business is subject to all local and state excise sales and B & O taxes that apply, including hotel/motel excise taxes, payable by me or my agent and is registered with the DOR as such.
- I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Owner/Applicant Name: _____

Place Where Signed: _____, WA

Internal Review Only

- Complete application
- Land use zoning compliant
- Site plan complete
- Parking adequate
- Code violations or complaints / Case # _____
- Signatures and date

Health and Safety Inspection

Inspected by:

Date:

Conditions of approvals:

Signature: _____ Date: _____

SITE PLAN/BUILDING/PARKING PLAN CHECKLIST

Use the accompanying page or submit as an attachment.

- Sketch of site plan and building. Previous building plans may be submitted or amended to.
Must be drawn to scale, not to exceed 1"=20'. Indicate the scale used.
 - Label the square footage of each room and of the total structure
 - Label property line locations and dimensions. Identify the distance between property lines and buildings
 - Label name or number of all streets and alleys adjacent to the site.
 - Label the location, size, and use of all building(s) on site.
 - Identify and label the location of ON-SITE parking for rental guests (1 space/2 bedrooms required). Parking must be within front and side yard setbacks and a minimum of 9 x 20 ft. Driveway parking spaces are exempt from the front and side yard setback.
 - Building Plan: Submit a scaled drawing of your existing structure clearly labeling the following where applicable:
 - Identify the spaces in your structure to be used as a short-term rental unit and label the square footage
 - Identify and label short term rental entrance if different from primary residence
 - All doors and windows
 - Label location of all vertical or horizontal occupancy separations and /or area separation walls (if any).
 - Label location of any fire extinguishers, fans, vents, smoke detectors, fire alarm, or sprinkler system locations
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