CITY OF TACOMA
Finance Department / Tax & License Division
747 Market Street, Room 212, Tacoma, WA 98402-3770
(253) 591-5252 tacoma.gov/taxandlicense

Contract Account # _____

Business License Application
Single-Unit Rental Property

Rental property owners are required to register each rental property located in the City limits of Tacoma and provide the following information for each property. Applications for additional single-unit, multi-unit, or commercial properties can be found at tacoma.gov/taxandlicense.

OWNER INFORMATION

Type of Ownership: Sole Owner ☐ Corporation ☐ LLC ☐ LL/LLP ☐ Trust ☐

Name: _____ UBI #: _____

Email: _____ Phone Number: _____

Home/Business Address:* _____ City: _____ State: ____ Zip Code: _____

Mailing Address: _____ City: _____ State: ____ Zip Code: _____

*Not rental property address or PO Box

RENTAL PROPERTY INFORMATION

Property Type: ☐ House ☐ Condominium ☐ ADU (Accessory Dwelling Unit)

Rental Start Date: _____ **Monthly Rent:** _____

Address: _____ Tacoma, WA _____
Number Street City State Zip Code

Parcel Number: _____ Square Footage: _____ No.of Bedrooms: _____

Property Type: ☐ House ☐ Condominium ☐ ADU (Accessory Dwelling Unit)

Rental Start Date: _____ **Monthly Rent:** _____

Address: _____ Tacoma, WA _____
Number Street City State Zip Code

Parcel Number: _____ Square Footage: _____ No.of Bedrooms: _____

Property Type: ☐ House ☐ Condominium ☐ ADU (Accessory Dwelling Unit)

Rental Start Date: _____ **Monthly Rent**: _____

Address: _____ Tacoma, WA _____
Number Street City State Zip Code

Parcel Number: _____ Square Footage: _____ No.of Bedrooms: _____

Property Type: ☐ House ☐ Condominium ☐ ADU (Accessory Dwelling Unit)

Rental Start Date: _____ **Monthly Rent**: _____

Address: _____ Tacoma, WA _____
Number Street City State Zip Code

Parcel Number: _____ Square Footage: _____ No.of Bedrooms: _____

See backside of form for fees and signature

PROPERTY MANAGER / LOCAL AGENT INFORMATION

Name: _____ Phone Number: _____

Company: _____ Email: _____

Mailing Address:

Do you want all correspondence sent to your property management company? ☐ Yes ☐ No

RENTAL PROPERTY DATA

The rental property information collected on this application provides the City with valuable data that will help determine the effectiveness and impact of the City's current housing initiatives and assist when making future housing policy decisions.

ANNUAL BUSINESS LICENSE FEES

The business license fee for rentals is based on anticipated annual gross rental income received in Tacoma including rent from Section 8. See below to determine the current year's license fee. For more information on prior year license fees, visit tacoma.gov/taxandlicense.

Anticipated Gross Rental Income	Annual License Fee
501(c)3 Organizations*	$37
Under $12,000 / branch location	$37
$12,000 - $250,000	$190
$250,001 - $1,000,000	$435
$1,000,000 - $5,000,000	$1,500
Over $5,000,000	$2,000

Annual Business License Expiration

All business licenses expire December 31. Renewal notices are sent to the mailing or email address on Record and are due on or before January 31 of each year to avoid late filing penalties.

DEMOGRAPHIC INFORMATION

You are not required to answer, however, your participation is encouraged to help the City of Tacoma better understand the community we serve.

What is the racial/ethnic identity of the business owner(s) with a majority stake (at least 51% of ownership)?
Check all that apply.

☐Asian ☐Middle Eastern/North African ☐White/Caucasian/European
☐Black/African ☐Native American/Alaska Native ☐Rather Not Say
☐Latino/Latine/Latinx/Hispanic ☐Pacific Islander/Native Hawaiian ☐Prefer to Self-describe:_____

Is the business women-owned*? ☐ Yes ☐ No *To qualify, one or more women must hold at least 51% ownership.

CERTIFICATE OF COMPLIANCE

By my signature, I certify that I have inspected my rental properties located in the City of Tacoma and that the dwellings on such properties comply with the standards outlined in the State Landlord Tenant Act, Title 59, Section 59.18.060 and do not present conditions that endanger or impair the health or safety of the tenants.

_____

Signature of Owner/Owner Representative Print Name Date

OFFICE USE ONLY TYPE OF I.D. ☐ WDL ☐ WID ☐ MIL ☐ MAIL ☐ OTHER ID#_____

NAICS: ☐ 531110

To request information in an alternative format, contact Tax and License at 253-591-5252, TTY