**Permanent Supportive Housing and Transitional Housing**

**Emergency Housing and Emergency Shelter License**

**All application materials must be submitted electronically. Please visit our website at** [**https://www.cityoffederalway.com/node/4588**](https://www.cityoffederalway.com/node/4588) **to request a document upload link and obtain information on how to successfully prepare your application materials for electronic submittal and review.**

License Holder

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | | **Primary Phone** |
| **Business/Organization** | | | **Alternate Phone** |
| **Mailing Address** | | | **Email** |
| **City** | | **State** | **Zip** |

Business Location (if license application is for more than 1 location, provide site-specific address and information for each location as Attachment 3.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Facility** | | | **Primary Phone** |
| **Mailing Address** | | | **Email** |
| **City**  Federal Way | **State**  WA | | **Zip** |
| **Total # of Rooms:** | | **Maximum # of Occupants:** | |
| **Check 1: 🞏** Permanent Supportive/Transitional Housing  **🞏** Emergency Housing/Shelter | | **UBI#**  **Federal Way Endorsement: 🞏** Yes **🞏** No | |

Point(s) of Contact (if more than 1, please provide additional sheets as attachments)

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Name 1** | **Title** | | **Primary Phone** |
| **Mailing Address** | | | **Email** |
| **City** | | **State** | **Zip** |

Attachment 1: Operational Plan in compliance with FWRC 12.35.070 and 12.35.080

Attachment 2: Operator credentials meeting requirements of FWRC 12.35.030(g)

Attachment 3 (if needed): Additional site addresses and site specific information. Operational plan must apply uniformly access all sites.

License Fee: $300 or $0 for governmental or non-profit License holders.

Signatures

I (we) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted, that I (we) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct, and complete. I also understand that I am responsible for notifying the City Clerk, in writing, of any change in location or mailing address within 30 days. All licenses are non-transferrable. I understand my place of business must comply with all federal, state, and local codes and ordinances.

Signature of Applicant(s) Date

FILE NUMBER: \_\_\_\_ \_\_\_\_ - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Check#\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_