



CITY OF TACOMA
 Finance Department / Tax & License Division
 733 Market Street, Room 21, Tacoma, WA 98402-3770
 (253) 591-5252 www.cityoftacoma.org

**Tax & License
 Contract Account #**

Rental Business Activity Application

Certificate of Registration and Annual Business Rental License

PART 1: Type of ownership

Sole Owner

Full Name _____ Date of Birth _____ SSN _____
(Owner)

Full Name _____ Date of Birth _____ SSN _____
(Spouse)

LLC

PARTNERSHIP

CORPORATION

Name of Organization _____

Partners, officers, registered agent

Full Name _____ Date of Birth _____ SSN _____

Full Name _____ Date of Birth _____ SSN _____

PART 2: Ownership Information

Name of Business (if any) _____

Home or Business Address _____
(City) (State) (Zip code)

Mailing Address _____
(City) (State) (Zip code)

Phone Number _____ Fax Number _____

E-Mail Address _____ Cellular/Pager Number _____

PART 3: Annual Business Rental license

Start Date of Business Rental Activity in Tacoma _____

Indicate monthly gross rental income (total rent received, including Section 8) from rental properties \$ _____

If annual gross rental income is over \$10,000; license fee of \$80 is due. If start date of activity is after June 30th, license fee of \$40 is due for the first year.

Annual-gross rental income of less than \$10,000 - No fee required.

501(C)3 Organizations recognized by the IRS – \$25 administrative fee required. (Attach IRS determination letter).

The penalties for fees that are paid after the start date of activity in Tacoma are:

Paid within one month of start date, no penalty. Paid within two months from start date, 20% of license fee or \$25, whichever is greater.

Paid two months or more from start date, 50% of license fee or \$50, whichever is greater.

Amount paid \$ _____ Check number _____

Signature _____ Date _____

Please complete back side of form - Supplemental Rental Property License Statement



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Supplemental Rental Property License Statement

PLEASE PRINT OR TYPE

Rental Address (within city limits)

Address	# of units	Parcel #
Dwelling Type:	Monthly Rental Income:	
Local Agent:	Phone No. ()	-
On Site Manager:	Phone No. ()	-

PLEASE PRINT OR TYPE

Rental Address (within city limits)

Address	# of units	Parcel #
Dwelling Type:	Monthly Rental Income:	
Local Agent:	Phone No. ()	-
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