

AUG/2022

## **REGULATORY BUSINESS** LICENSE APPLICATION **HEALTH SALONS**

Email application to: <a href="mailto:businesslicenses@auburnwa.gov">businesslicenses@auburnwa.gov</a>

## PLEASE RETURN TO:

**Department of Community** Development 25 West Main Street Auburn, WA 98001 Phone: (253) 804-5011

## APPLICATION FOR HEALTH SALON REGULATORY LICENSE

City of Auburn business regulatory licenses are required to be renewed by December 31st of each year. For regulatory Regulatory license requirements can be found at Auburn City Code ACC 5.20.

Address:			
City:	State:	Zip:	Telephone:
APPLICANT'S INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:
Maiden Name:	Alias/Previous N	Alias/Previous Name:	
Drivers License No.:	Eye Color:	Hair Color:	
Sex: M $\square$ F $\square$	HT:	WT:	
Social Security No.:	Date of Birth:	Place	of Birth:
U.S. Citizen: Yes □ No □ If no,	nlease indicate status:		
o.s. chizon. Tes a Tro a Trio,	preuse mareate status.		
Previous Home Address Past (5) yes			
1. Previous Employment Past (5) years	2. s:		
1.			
TE OF WACHINGTON			
ATE OF WASHINGTON UNTY OF KING			
	, being first duly sworr	ı, on oath depos	ses and says: I am the above named
make this affidavit for the purpose of	of obtaining from the City of Aut	ourn an HEALT	H CLUB individual license. I have
wledge of the matters stated in the i			
vidual license regulation in Auburn C	ity Code 8.24 and the legal require	rements contain	ed therein.
	, hereby give permissic	on to the City o	f Auburn to conduct an investigation
	against any company, corporation	n or individual	f Auburn to conduct an investigation pertaining to information received fi
ground. I waive any and all claims			
eground. I waive any and all claims apany, corporation or individual by the	e city as a result of such investiga	ition.	
rground. I waive any and all claims pany, corporation or individual by the	e city as a result of such investiga	ition.	
reground. I waive any and all claims spany, corporation or individual by the Signature of Applicant	e city as a result of such investiga	ition.	
pany, corporation or individual by th	e city as a result of such investiga		mathic date of
pany, corporation or individual by the	e city as a result of such investiga  Subscribed an	nd sworn before	
npany, corporation or individual by the	e city as a result of such investiga  Subscribed an	nd sworn before y Public in and t	me this date of for the State of Washington, residing . My Commission Expires: /

## FEE:

The annual adopted Auburn business license and permit/application fees can be found here: Auburn fee schedule