

	FEES:		PLEASE RETURN TO: Planning and Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114
	Health Club	\$85.00	
	Renewal of Health Club	\$20.00	
	Business License Fee	\$50.00	
	Business License Renewal Fee	\$50.00	

APPLICATION FOR HEALTH CLUB INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity which meet the criteria for individual licenses be applied for in addition to a City of Auburn business registration from the City Clerk's office. City of Auburn business registrations and individual licenses are required to be renewed by December 31st of each year.

HEALTH CLUB OPERATOR BUSINESS INFORMATION:			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Telephone: _____

APPLICANT'S INFORMATION:			
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	Telephone: _____
Maiden Name: _____	Alias/Previous Name: _____		
Drivers License No.: _____	Eye Color: _____	Hair Color: _____	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	HT: _____	WT: _____	
Social Security No.: _____	Date of Birth: _____	Place of Birth: _____	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status: _____			
Previous Home Address Past (5) years:			
1. _____	2. _____		
Previous Employment Past (5) years:			
1. _____	2. _____		

STATE OF WASHINGTON
COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn an HEALTH CLUB individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

Signature of Applicant

Subscribed and sworn before me this ____ date of _____,
20____, Notary Public in and for the State of Washington, residing
at _____. My Commission Expires: ____/____/____
Signature: _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Planning _____	Date Received: _____
<input type="checkbox"/> Building _____	Amount Paid: _____
<input type="checkbox"/> Fire _____	TR Receipt #: _____
<input type="checkbox"/> Police _____	Business License #: _____
<input type="checkbox"/> Health Officer (Mailed Copy to King County) Date: _____	