

Transient Accommodation License Application



Items Needed to Complete Your Application

- This application for the license, completed and signed (WAC 246-360-020(2)(a))
- Licensing fees (WAC 246-360-020(c))
- Self-inspection Form (WAC 246-360-020(3)(b))

The Department of Health will conduct an on-site survey prior to issuing an initial transient accommodation license or reinstating an invalid license; the inspection will be announced or an unannounced on-site surveys during routine business hours.

For the complete process of licensing see the [Transient Accommodations Licensing Process](https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TransientAccommodations) (<https://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TransientAccommodations>). Each license shall be issued only for the premises and persons named in the application.

Contact Us

Contact the Transient Accommodation Program at 360-236-3393 or housing@doh.wa.gov.

Definitions

The term "**transient accommodation**" means any facility such as a hotel, motel, condominium, resort, or any other facility or place offering three or more lodging units to travelers and transient guests.

The term "**Licensee**" means the **person** to whom the department issues the transient accommodation license.

The term "**person**" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

The term "**guest**" means any individual occupying or registered to occupy a lodging unit.

The term "**department**" is the Washington State Department of Health.

The term "**lodging unit**" means one self-contained unit designated by number, letter, or some other method of identification.

Public Water System Requirements for Transient Accommodation

The public water system must provide safe and adequate water for guests, facilities must ensure compliance with Washington State Administrative Code **WAC 246-290**.

Self-Inspection Form

Review the form. By signing the application, you are certifying that you have received and reviewed the items of inspection.

More Resources

For laws and rules, and other program services, see [Transient Accommodations Resource Book](https://www.doh.wa.gov/portals/1/Documents/Pubs/505019.pdf) (<https://www.doh.wa.gov/portals/1/Documents/Pubs/505019.pdf>).

Number of Lodging Units	Fee
3 - 10	\$198
11 - 49	\$395
50 - over	\$795
Late fee	\$66
Amendment fee	\$66

Transient Accommodation License Application



Application Type: New, Date of opening business _____ Change of Ownership Amended Expired/Re-Licensure

Section 1 - Facility Primary Contact Information

Facility Name:

Facility Address:

City: _____ State: WA _____ Zip Code: _____ County: _____

Primary Facility Onsite Contact Person: _____ Title: _____

Primary Facility Phone: _____ Cell Phone: _____

(All electronic communication from our office will be sent to this email.)
Facility Email: _____ Website: _____

(All mailed communication from our office will be sent to this address.)
Facility Mailing Address:

City: _____ State: _____ Zip: _____

Section 2 – Licensee Information

Business Type: Limited Liability Corporation Non-Profit Sole Proprietor Association
 Tribal Government Association State Government Agency Limited Liability Partnership Partnership

Business/Licensee Name: _____ UBI Number: _____

Business/Licensee Contact Name _____

Business/Licensee Mailing Address:

City: _____ State: _____ Zip Code: _____ County: _____

Primary Business/Owner Contact: _____ Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone: _____ Title: _____

Alternate Contact: _____ Phone: _____ Title: _____

Section 3 – Facility Information

Facility Type: Hotel Motel Bed and Breakfast Inn Resort Retreat Hostel Crisis Shelter

Number of Transient Guest Rooms: _____ Year-Round Facility Seasonal Facility

If **Seasonal**, Operation Start Date: _____ If **Seasonal**, Operation End Date: _____

Facility access availability during normal business hours? Yes No

If no, person to contact for access? Name: _____ Phone: _____

Provide approved Public Water System ID Name and Number (Group A or Group B only): _____

Section 4 - Change of Ownership (if applicable)

Previous Facility Name:

Previous License Number:

Previous Owner Name:

Phone:

Effective Date of Ownership: _____

Section 5 - Required Documents Checklist

Original Application with Signature

Self-inspection Form (WAC 246-360-020 (1)(3)(b))

[Licensing Fees](#)

(www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TransientAccommodations/LicenseRequirements/Fees)

Note: Application will be considered incomplete and may delay licensing if any of the above items are not included.

Section 6 - Signature

This Certifies that I have reviewed and agree to comply with the laws, regulations and requirements as stated in **RCW 70.62** and **WAC 246.360** and the Self Inspection Form enclosed. I certify that the information herein submitted is true to the best of my knowledge.

Print Name:

Signature:

Date:

Submitting Your Application

Mail your application and fees to:

Department of Health
Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099

Make check or money order payable to: Department of Health

Transient Accommodation Self-Inspection Form

By signing and submitting the Transient Accommodations Licensing Application you are agreeing you have reviewed and filled out this form. Have this form available during your inspection.

Instructions: For an answer of Yes, put a check under the Y. For an answer of No, put a check under the N. For questions that don't apply, put a check under the NA for not applicable.

Items of Inspection	Y	N	NA	Questions for Inspector
License (WAC 246-360-020)				
1. Do you have local approval for new construction, such as a remodel? If applicable, have permits, C of O, etc. available for inspection.				
2. Does licensed name match advertised name on sign?				
Responsibilities and Rights-Licensee (WAC 246-360-030)				
1. Is your license readily accessible by staff?				
2. Are employees adequately supervised to ensure that facility is clean, safe, sanitary, and in good repair?				
3. Have you established policies and procedures requiring employees to maintain good personal hygiene?				
4. Do you have a written basic emergency preparedness plan?				
5. Do you have a log showing staff are regularly trained on the emergency preparedness plan?				
Water Supply and Temperature Control (WAC 246-360-040)				
1. Are you on an approved water system? An approved water system would include Public Utility District, group A or B.				
2. Is the water supply free of cross connections? (Submerged inlets on ice machine drain pipes, water faucets, hose attachments, toilet tank filter, etc.)				
3. Is the hot and cold water under adequate pressure?				
4. Is the hot water at sinks/bathing fixtures 100-120°F?				
5. Have you labeled any water unsafe for domestic use "Do Not Drink" at the outlet?				

Items of Inspection	Y	N	NA	Questions for Inspector
Sewage and Liquid Waste Disposal (WAC 246-360-050)				
1. Are you on an approved sewer system?				
2. Is the property free of surface wastewater?				
Refuse and Vectors (WAC 246-360-070)				
1. Is a washable leak-proof trash container provided in each unit?				
2. Is the area around your facility maintained in a clean and sanitary manner?				
3. Is the trash removed from each unit after each occupancy and handled in a clean, safe, and sanitary manner?				
4. Is the trash in guest room(s) removed at least every three days by facility staff?				
5. Is the outside trash stored in a washable, leak proof, and closed covered containers?				
6. Are measures taken to ensure the transient accommodations is free from insects, rodents, and pests?				
Construction and Maintenance (WAC 360-360-080)				
1. Are the buildings structurally sound?				
2. Are the buildings and fixtures in good repair?				
3. Are all the areas kept clean?				
4. Are the wall, floor, and ceiling surfaces easily cleanable?				
5. Are the carpets and floors, especially under beds, cleaned/vacuumed between guests?				
6. Are the phone receivers, door knobs, remote controls, etc. cleaned between guests?				
7. Are the bath fixtures and floors in bathrooms cleaned and sanitized between guests?				
8. Are the bathing facilities caulked and free of mold and mildew?				
9. Are the bathroom/toilet room vents cleaned?				
10. Is exercise equipment cleaned and sanitized regularly and operating as intended?				

Items of Inspection	Y	N	NA	Questions for Inspector
<p>11. If dishes are offered, are they cleaned, rinsed, and sanitized?</p> <p>Clean is free from visible soil (dirt, debris, soap, food, marks). Sanitization is the application of heat or chemicals to a properly cleaned (and thoroughly rinsed) food-contact surface. Sanitized is sterile, free from harmful contamination (infection or disease).</p>				
Lodging Units (WAC 246-360-090)				
1. Do the occupants exceed the number of beds present based on their intended maximum usage?				
2. Is there an adequate clear path of egress from each bed in case of a fire?				
3. If there is a phone provided in the guest room, is it capable of allowing immediate communication to emergency services?				
Bathrooms, Water Closets, and Handwashing Sinks (WAC 246-360-100)				
1. Is there at least one bathing facility, toilet, and sink for every 15 guests in facilities with common-use bathrooms?				
2. Is there means for privacy in toilets and for bathing in common-use facilities?				
3. Are single use towels or other approved, drying devices provided by common-use sinks?				
4. Are the fixtures and drains safe and working properly, and are sink drain stems cleaned frequently?				
5. Are slip-resistant surfaces or devices provided for in bathtubs and showers?				
6. Is there a place to wash hands in, or adjacent to, each water closet?				
7. Is toilet paper conveniently provided by each toilet?				
8. Is there soap by handwashing and bath fixtures?				
9. Are clean towels, washcloths, and floor mats changed at least weekly, or upon guest request?				

Items of Inspection	Y	N	NA	Questions for Inspector
Lodging Unit Kitchens (WAC 246-360-110)				
1. Do the kitchens/food preparation areas have:				
a. Cleanable, non-absorbent floors and walls in good repair?				
b. Adequate ventilation?				
c. A sink other than the handwashing sink large enough to handle the largest utensil in the lodging unit?				
d. A sink with hot and cold water?				
e. Cleanable food storage and preparation areas?				
f. Leak proof waste food containers in sanitary condition or a container with a disposable leak-proof liner?				
2. Do the refrigerator(s):				
a. Maintain temperature at 45°F or lower?				
b. Get cleaned and sanitized between guests?				
3. Is the cooking equipment permanently installed, and does it meet nationally recognized testing?				
4. Has the cooking equipment been installed according to local building codes?				
5. Are the table, counter, and chairs cleanable and in good repair?				
6. Are the food preparation areas and refrigerators cleaned and sanitized between guests?				
7. Between the guests occupancy, are utensils, dishes, and glasses washed, rinsed, and sanitized by hand or dishwasher?				
Heating and Cooling (WAC 246-360-120)				
1. Is there a safe means of heating the units to at least 65°F?				
2. If provided, is the heating and cooling system maintained, and are vents and filters clean on a regularly basis?				

Items of Inspection	Y	N	NA	Questions for Inspector
Lighting and Ventilation (WAC 246-360-130 and WAC 246-360-140)				
1. Is there adequate light for entering, exiting, safety and maintenance?				
2. Is there sufficient emergency lighting for guests to exit safely in event of a power outage?				
3. Is there required ventilation (natural or mechanical) in each unit, kitchen, bath, toilet room, and laundry?				
Beds and Bedding (WAC 246-360-150)				
1. Are the beds, mattresses, pads, pillows, mattress pads, bedding and linens clean, sanitary, and in good repair?				
2. Is the bedding changed upon guest arrival, at least weekly or more frequently when requested?				
3. Are the blankets, spreads, etc. kept off the floor while beds are changed?				
4. Do the sleeping units have beds, mattresses, mattress pads, bedding, etc. that are clean and safe?				
Food and Beverage Services (WAC 246-360-160)				
1. Is the food stored off the floor and away from toxic material?				
2. Are the single use ice buckets, plastic glasses, etc., disposed of and replaced between occupancies?				
3. Are the multiple-use ice buckets washed, rinsed and sanitized between guest occupancies?				
4. Are the multiple-use utensils washed, rinsed, sanitized and stored in a safe and sanitary manner?				
5. Are the reusable cooking utensils and ice buckets in good condition?				

Items of Inspection	Y	N	NA	Questions for Inspector
6. Are the ice machines:				
a. Cleaned on the outside, including coils?				
b. Cleaned and sanitized on the inside at least twice a year according to manufacturer's recommendations?				
c. Self-dispensing or restricted from guest access?				
7. Do the drinking fountains have adequate pressure?				
8. Does the staff who prepare or serve food have a current food worker card (food handler's permit)?				
9. Is the current food service permit posted?				
Laundry (WAC 246-360-180)				
1. Is the laundry done on site or by a commercial laundry service?				
2. Is the clean laundry in a designated area, off the floor, inaccessible to guests, protected from pests and free from contamination? (If clean laundry/bedding/towels are stored on shelving, the shelving needs to be cleanable and non-absorbent.)				
3. Is the soiled laundry kept separate from clean laundry during storage and transport?				
4. Is a hand washing facility readily accessible to employees?				
Safety, Chemical and Physical Hazards (WAC 246-360-200)				
1. Do you have policies and procedures for safely storing, labeling, and using any hazardous chemical agents?				
2. Are the containers stored and used safely?				
3. Are the chemicals stored and used safely?				
4. Are required handrails where they need to be, secured, and in good repair to handle the imposed load?				
5. Are guest rooms which contain or are adjacent to fuel burning appliances protected with a carbon monoxide alarm?				
6. Is there adequate exterior lighting?				

Items of Inspection	Y	N	NA	Questions for Inspections
7. Are the doors provided with suitable locking security devices?				
8. Have there been unusual circumstances in any units during the past year; for example bed bug infestations, fire, or floods?				
Fire Safety (WAC 246-360-220)				
1. Is there a written plan for maintaining smoke detectors and fire extinguishers?				
2. Is there a written plan for maintaining fire alarm system and automatic fire suppression system?				
3. Is the fire alarm system regularly inspected, tested, and maintained?				
4. Are the records for the fire alarm system inspection, testing, and maintenance on site for review?				
5. Is the automatic fire suppression system regularly inspected, tested, and maintained?				
6. Are the records for the fire suppression system inspection, testing, and maintenance on site for review?				
7. Is there an operable smoke detector in each sleeping room and are detectors tested monthly?				
8. Are the fire extinguishers inspected monthly?				
9. Is there a clear path to fire exits?				
10. Is there a current certification of fire alarm system(s) on site?				
11. Is there a current certification if fire sprinkler system(s) on site?				
12. Are the buildings inspected annually by local fire department or an approved third-party inspector?				
13. Is a copy of the local fire jurisdiction or approved third-party inspection on site for review?				
14. If extension cords are used, they need to be approved by the local fire authority. Onsite documentation is required.				
15. If portable space heaters are used, they need to be approved by the local fire authority. Onsite documentation is required.				