

Temporary Worker Housing License Application



Items Needed to Complete Your Application

- This application for the license, completed and signed.
- Licensing fees.
- Camp Management Plan.
- Proof that the water system serving the housing is approved, and you are current with Drinking Water regulations, such as a copy of current water sample test results.
- Certificate of Occupancy (occupancy permit) issued by a city, county, or state agency.

For a complete list of items, see the [Temporary Worker Housing Licensing Process](http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TemporaryWorkerHousing/LicensingProcess) (www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/TemporaryWorkerHousing/LicensingProcess).

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

Schedule Your Housing Inspection

Contact the Temporary Worker Housing Program at 360-236-3393. To prepare for an inspection, see our [Inspection Checklist \(PDF\)](http://www.doh.wa.gov/Documents/2300/TWHInspectionList.pdf) (www.doh.wa.gov/Documents/2300/TWHInspectionList.pdf).

More Resources

For frequently asked questions, laws and rules, and other program services, see www.doh.wa.gov/TemporaryWorkerHousing.

Contact Us

Contact the Temporary Worker Housing Program at 360-236-3393 or housing@doh.wa.gov.

Temporary Worker Housing License Application



Application Type: New Change of Ownership Amended

Housing Type: Temporary Worker Housing (TWH) Cherry Harvest Camp (CHC) only

Section 1 - Facility and Primary Contact Information

Facility Name:

Facility Address:

City: State: WA Zip Code: County:

Primary Facility Contact Name: Title:

Primary Phone: Cell Phone:

Email:

Additional Contacts (if applicable):

Section 2 - Owner Information

Legal Owner Name: UBI Number:

Business Type (ex. LLC, Corp, Assoc):

Owner Mailing Address:

City: State: Zip Code: County:

Primary Phone: Alternate Phone: Cell Phone:

Email:

Emergency Contact: Phone: Title:

Section 3 - Housing Information

Note: If amending total number of occupants and units, list current occupants and units licensed for.
(ex. Occupants At Peak Season: 25–35 Max Housing Units: 5–10)

Max Occupants At Peak Season: Max Housing Units:

Occupancy Start Date: Occupancy End Date:

H2-A Participant: Yes No Crop Type:

Type of Housing: (ex. Stick, Manufactured, Brick, Tent):

Housing Description (ex. Residential, Apartment, Hotel/Motel):

Water System Name: Water System ID Number:

Water System : Private Public Water System Type:
 Group A Group B Community Transient Non-Community

New Construction: Yes No Construction Review Services Number (CRS#):

Construction Approved: City Building County Building State Other (name):

Certificate of Occupancy Issued and Included: Yes No Name of Approving Authority:

Section 4 - Change of Ownership (if applicable)

Current Facility Name:		Current License Number: WA - - TWH	
Current Owner Name:		Phone:	
New Facility Name:		New Owner Name:	
New Phone:	Cell Phone:	Email:	
Effective New Ownership Date:			

Section 5 - Required Documents Checklist

- Copy of Water Sample Results (coliform and nitrate)
- Copy of Certificate Of Occupancy (issued by state or other authorizing agency)
- Camp Management Plan

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

Section 6 - Signature

I certify that I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify that the information herein submitted is true to the best of my knowledge/belief.

Print Name:	
Signature:	Date: