



Business License Application, Massage/Bathhouse

The Department of Local Services, Permitting Division (Permitting) provides business licensing services for unincorporated King County. Only a few specific types of businesses require a King County business license. See [Types of Business Licenses](#) for a complete listing.

How to apply: Submit this completed application form by email to PermitServices@kingcounty.gov. Your application will be screened, and a confirmation email will be sent to you with online payment instructions.

Incomplete applications will not be accepted.

If you are a State licensed massage practitioner and you own and operate your own massage business within unincorporated King County, you are not required to have a King County Massage Business License. However, if you own a massage business within unincorporated King County and you are not a State licensed massage practitioner, a King County Massage Business License is required.

Application check list

- Completed application form
- One application for each business location

For staff use only

License number:

Application Type

Massage Business (\$150)	Renewal Application
Public Bathhouse (\$150)	New Application

Business Information

BUSINESS NAME			
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS Same as above	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE NUMBER		

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Do you own the business for which you seek this license?	Yes	No
IF NO, WHAT RELATION TO BUSINESS?		
DESCRIBE IN DETAIL THE NATURE OF THE BUSINESS		
Property Information		
Do the applicant/owner/business control persons/partners own, rent, or lease the premises?		
IF NOT OWNER, LIST OWNER		

Select one: Sole Ownership (Applicant listed above) Partnership Corporation

Applicant, Owner and/or Partner Information	
FULL NAME	TITLE
DATE OF BIRTH	PLACE OF BIRTH
FULL NAME	TITLE
DATE OF BIRTH	PLACE OF BIRTH
FULL NAME	TITLE
DATE OF BIRTH	PLACE OF BIRTH

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FULL NAME		TITLE	
DATE OF BIRTH	PLACE OF BIRTH		

Information for Any Other Individual Who Will Share in the Profit/Loss of this Business

FULL NAME		DATE OF BIRTH	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE
FULL NAME		DATE OF BIRTH	
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

Previous Licenses

Has the applicant or any other individual who will share in the profit/loss of this business been previously licensed by King County under this or any other name?	Yes	No
NAME/YEAR/LOCATION		

List all arrests and convictions of applicant, owner, partners and/or officers:

Name	Charge	Date	Place	Disposition

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I, _____ being first duly sworn on oath, state that I am applicant or the authorized representative of the firm, partnership, or corporation making the application for a King County _____ license, and I declare under penalties of perjury and/or license granted, that the answers contained in the application and any accompanying information have been examined by me and that the matters and things set forth are true, correct, and completed.

I further swear under penalty of perjury and/or revocation of any license granted that this business is in compliance with all applicable state and local laws governing the operation of this business.

I further understand that there are no refunds of the license fee and that falsifications or omissions on the applications are grounds for the denial, suspension, or revocation of the license applied for.

APPLICANT SIGNATURE	DATE
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<p>SUBSCRIBED and SWORN to before me this</p> <p>_____ day of _____, 20____ by _____</p> <p>NOTARY PUBLIC in and for the State of _____</p> <p>Washington, residing at: _____</p> <p>My Commission Expires at: _____</p>	<p>Notary Seal or Stamp</p>
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