

| | | | |
|--|--------------------------------------|----------------|---|
|  | FEES: | | PLEASE RETURN TO: Planning and Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114 |
| | Auto Races Licenses | \$70.00 | |
| | Renewal of Individual License | \$20.00 | |
| | Business License Fee | \$50.00 | |
| | Business License Renewal Fee | \$50.00 | |

APPLICATION FOR AUTO RACES 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.

| | | |
|---------------------------------------|--|---|
| <u>CHECKLIST/REQUIREMENTS:</u> | | <u>FIRST AID OR AMBULANCE TEAM:</u> |
| Conditional Use Permit | Yes <input type="checkbox"/> No <input type="checkbox"/> | The first aid team or ambulance team must be present from the time the race or races commence until the races are closed. Adequate provisions must be made by the Licensee(s) for control of traffic, both pedestrian and vehicular, to and from the racecourse activity. |
| First Aid or Ambulance Team | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | | | |
|--|--------|------|------------|
| <u>AUTO RACE BUSINESS/ORGANIZATION INFORMATION:</u> | | | |
| Name: | | | |
| Address: | | | |
| City: | State: | Zip: | Telephone: |

| | | | |
|---|----------------------|-----------------|------------|
| <u>APPLICANT'S INFORMATION:</u> | | | |
| 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 AUTO RACES 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 #: _____ |