City of Seattle
OFFICE OF HEARING EXAMINER
P.O. Box 94729
Seattle WA 98124-4729
SEATTLE MUNICIPAL TOWER - 700 5th Avenue, Suite 4000
Phone: (206) 684-0521 Fax: (206) 684-0536
www.seattle.gov/examiner

LICENSING APPEAL FORM

It is not required that this form be used to file an appeal. However, whether you use the form or not, please make sure that your appeal includes all the information/responses requested in this form. An appeal, along with any required filing fee, must be received by the Office of Hearing Examiner, not later than 5:00 p.m. on the last day of the appeal period or it cannot be considered.

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. Fill in the blanks and, where choices are provided, circle the word(s) that apply to you.
2. After completing the form, sign and date it in the spaces provided at the bottom.
3. **MAKE SURE THAT YOUR NAME, ADDRESSES, AND PHONE NUMBER ARE ACCURATE.**
4. Attach a copy of the Order that you want to appeal.
5. Include the $50.00 appeal fee (credit/debit [Visa and MasterCard only], check or money order made out to: "City of Seattle") with your appeal. If payment of this fee will cause you financial hardship, you may request a fee waiver by completing a Fee Waiver Form available from this Office.

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APPEAL STATEMENT:

I, _____, want to appeal the Order dated _____,
[*print your name here*] [*Date of Order*]

suspending/revoking/denying my Adult Entertainment/Taxi/For Hire/Other license. I want to appeal
[*circle the one that applies*] [*circle your license type*]

because _____

_____.

APPELLANT INFORMATION:

I want the Hearing Examiner to address all correspondence in this matter to me as follows:

Name _____
Address_____
_____
Phone [Daytime] _____

CONTACT METHOD:

In what format do you wish to receive documents from the Office of Hearing Examiner?

○ U.S Mail ○ Fax ○ Email Attachment

I understand that I must keep the Office of Hearing Examiner informed about my changes to my addresses and phone number.

Signed: _____ Date: _____