



# City of Soap Lake Business License Application



City of Soap Lake  
P.O. Box 1270 – 239 2<sup>ND</sup> Ave S.E.  
Soap Lake, WA 98851 – (509) 246-1211

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOAP LAKE BUSINESS ADDRESS: \_\_\_\_\_

NAME OF OWNER(S): \_\_\_\_\_

OWNER(S) HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF APPLICANT (IF DIFFERENT THAN OWNER): \_\_\_\_\_

APPLICANT'S HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

FEDERAL TAX ID. NO.: \_\_\_\_\_ STATE TAX UBI. NO.: \_\_\_\_\_

NUMBER OF PERSONS INCLUDING OWNERS, WORKING FOR THE BUSINESS ON JANUARY 1, 2006 \_\_\_\_\_

IF THIS IS AN EXISTING BUSINESS THAT YOU HAVE ACQUIRED OR PURCHASED, STATE THE FORMER BUSINESS NAME: \_\_\_\_\_ DATE ACQUIRED: \_\_\_\_\_

**APPLICATION FEE \$50.00** PENALTY IF NOT PAID BY JANUARY 31, \$50.00; BY MARCH 31, \$100.00  
FOR EACH MONTH THEREAFTER, \$100.00  
PENALTIES WILL BE STRICTLY ENFORCED.

BY MY SIGNATURE, I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND PER SLMC 5.06.180, I CONSENT TO THE INSPECTIONS OF MY PREMISES AT REASONABLE TIMES AND IN A REASONABLE MANNER AS A CONDITION OF THE ISSUANCE OF THIS LICENSE.

\_\_\_\_\_  
SIGNATURE TITLE DATE

**City Clerk Use Only**

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Occupancy Inspection By: \_\_\_\_\_ Date: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Processed By: \_\_\_\_\_ Approved/Denied Comments: \_\_\_\_\_

Fees Collected: License \$ \_\_\_\_\_ Penalties \$ \_\_\_\_\_ Occupancy Inspection \$ \_\_\_\_\_

Total \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_