



CITY OF SOAP LAKE

PO Box 1270
239 – 2nd Avenue SE
Soap Lake, WA 98851
509-246-1211 (Phone)
509-246-1213 (Fax)

**BUSINESS LICENSE
APPLICATION**

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____ PHONE: _____

PHYSICAL BUSINESS ADDRESS: _____

NAME OF OWNER(S): _____

OWNER(S) HOME ADDRESS: _____ PHONE: _____

NAME OF APPLICANT (IF DIFFERENT THAN OWNER): _____

APPLICANT'S HOME ADDRESS: _____ PHONE: _____

STATE OF INCORPORATION (IF APPLICABLE): _____

L&I LICENSE NO.: _____ STATE TAX UBI. NO.: _____

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 _____