

**BUSINESS LICENSE APPLICATION**



PERMIT NUMBER 2024 -

APPROVED YES  NO   
OFFICIAL USE ONLY

DATE / /

FOR ANNUAL REVENUE LESS THAN \$ 2,000

OFFICIAL USE ONLY

\$ 50 BUSINESS LICENSE FEE

DATE RECEIVED _____	RECEIVED BY _____
DATE PROCESSED _____	RECIEVED BY _____
INSPECTION BY _____	DATE DATE _____
<b>APPLICATION FEES / PENALTIES</b>	
LICENSE \$ _____	PENALTIES \$ _____
INSPECTION \$ _____	TOTAL \$ _____
RECEIPT # _____	DATE _____
COMMENTS	

**CONTRACTOR INFORMATION**

CONTRACTOR _____	PHONE _____
CONTRACTOR ADDRESS _____	EMAIL _____
CITY BUSINESS LICENSE # _____	WAINS# _____
WA CONTRACTOR LICENSE # _____	EXPIRATION DATE / /

LLC  SOL PROPRIETORSHIP  NON-PROFIT  VENDOR FOOD  CRAFTERS /VENDOR NON-FOOD

**BUSINESS INFORMATION**

LEGAL BUSINESS NAME	BUSINESS TYPE	BUSINESS PHONE ( ) -
PHYSICAL ADDRESS	MAILING ADDRESS	EMAIL
BUSINESS OWNER / NAME OF APPLICANT	OWNER ADDRESS	EMAIL
STATE OF INCORPORATION	L&I LICENSE #	BUSINESS UBI #

**ACQUISITION OF EXISTING BUSINESS**

FORMER BUSINESS NAME	DATE ACQUIRED
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License must be paid by close of business January 31st. A penalty of \$50. Will be added to renewal if paid Feb 1 – March 31. Payments made April 1 and beyond will have a fee of \$100. Per month added to license costs. 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 inspection of my premises at reasonable times and in a reasonable manner as a condition of the issuance of this license.

<input checked="" type="checkbox"/> APPLICANT SIGNATURE	<input checked="" type="checkbox"/> TITLE	DATE
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Return Application to:  
City Of Soap Lake 239 2nd Ave SE, PO Box 1270, Soap Lake WA 98851 brookyo@soaplakewa.gov  
www.soaplakewa.gov