

**CITY OF SOAP LAKE**

PO Box 1270
239 2nd Ave SE
Soap Lake WA 98851
P 509 246-1211
F 509 246-1213
cityofsoaplake.org

Rental Dwellings License Application

Business Name/Landlord _____

Mailing Address _____ Phone _____

Rental Location _____	Units _____	Max Occupants _____
Rental Location _____	Units _____	Max Occupants _____
Rental Location _____	Units _____	Max Occupants _____
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State of Incorporation (if applicable): _____

State UBI

L&I License #: _____ #: _____

APPLICATION FEE: \$30.00 License must be paid by close of business January 31. A penalty of \$30.00 will be added to renewal if paid Feb 1 – March 31. Payments made April 1 and beyond will have a fee of \$60.00 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 5.26.020, 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.

Signature of Owner/Landlord _____ Date _____

City Clerk Use Only

Date Received _____	By _____	Inspection By _____
Date Processed _____	By _____	☐ Approved ☐ Denied
Comments _____		
FEES		
License \$ _____	Penalties \$ _____	Inspection \$ _____
Total \$ _____	Receipt # _____	Date _____