

CITY OF MATTAWA

P.O. BOX 965

MATTAWA, WA 99349

(509) 932-4037

RENTAL LICENSE APPLICATION

Rental Property Name _____ Revenue Tax (UBI) # _____

Street Address _____ Phone _____

Owners Name _____ Phone _____

Mailing Address _____

City _____ State _____ Zip Code _____

After Hours Contact _____ Phone _____

2ND Contact Person _____ Phone _____

Description of Rental Property (Be Specific)

Signature of Owner or Authorized Agent _____ Date _____

Fee Schedule:

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Single Rental: _____ \$ 30.00 Due IF NOT PAID BY 01/31/11 LATE FEE \$25.00

Additional Units _____ \$3.00 Each

Total Units _____ Total Fee _____

FOR OFFICE USE:

FOR OFFICE USE: _____ LICENSE FEE: _____

RECEIPT # _____ DATE PAID: _____

FIRE AND SAFETY INSPECTION _____

LOCAL FIRE DEPT. _____

FIRE REP. SIGNATURE _____