



CITY OF SOAP LAKE

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

**SMALL WORKS ROSTER
APPLICATION**

COMPANY NAME _____

CONTACT PERSON _____

MAILING ADDRESS _____

STREET ADDRESS (if different from mailing address)

TELEPHONE NUMBER: (_____) _____

FAX NUMBER (_____) _____

EMAIL ADDRESS: _____

BANKING REFERENCE:

Name of Bank _____

Address _____

TYPE OF OWNERSHIP: Corporation _____ Sole Proprietor/Partnership _____ LLC _____

MINORITY AND WOMEN OWNED BUSINESS MBE _____ WBE _____

CERTIFICATE NUMBER _____ CERTIFICATE PENDING _____

CONTRACTOR LICENSE NUMBER _____

WASHINGTON STATE TAX NUMBER _____

APPROPRIATE BUSINESS LICENSE YES _____ NO _____

Place a check next to the item that best describes type of contract your firm qualifies to perform:

- | | |
|---|--|
| <input type="checkbox"/> Concrete Placement/Finishing | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Interior Tenant Improvement | <input type="checkbox"/> Site Utilities |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Parking Lot and Street Repair |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Plumbing | |

Enter your estimated open project time frame for a proposed contract with the Authority taking into consideration your existing business commitments: _____

List your satisfactory record of performance and supply references for the City of Soap Lake to contact on your firm's integrity, judgment, and skills: _____

Supply an estimate for the lead-time needed prior to performing any proposed contracts:

I, _____, certify that the above information are true and correct statements in relationship to my firm's status, schedule, and abilities to perform upcoming projects.

TO BE FILLED IN BY NOTARY

State of Washington)
) SS.
County of _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

On this _____ Day of _____ 20_____

Notary Signature

Print Name

Notary Public in and for the State of _____
_____ residing at _____

My appointment expires: _____

FAX, MAIL OR EMAIL TO:
F: 509-246-1213
M: City of Soap Lake PO Box 1270 Soap Lake, WA 98851
E: cityhall@soaplakacity.org