**Small Business Certification**

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| Name of Licensee/Applicant: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |

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| --- | --- |
| License Number (if issued): |       |

I understand that I or the independent small business I represent will receive the discount prescribed in

WAC 246-254-030 upon validation of the information to which I am attesting.

I fully understand that the Department of Health may verify this information at any time. I hereby authorize the Departments of Revenue, Licensing, and/or Labor and Industries to provide the Department of Health such information as is directly applicable to verifying the information provided by this certification.

I hereby certify that the above-named license or license applicant is:

1. A corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit.
2. Independently owned and operated from all other businesses, and
3. Employs 50 or fewer employees.

Furthermore, I certify that I am the chief executive officer of the licensee or license applicant (or other responsible official empowered to act on behalf of the above-named independent small business).

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| **Officer's Signature** |  |
| **Print Officer's Name** |       |
| **Officer's Title** |       |

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| --- | --- | --- | --- | --- | --- |
| Subscribed and sworn to before me this  |  | day of  |  | 20 |  |

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|  |
| Notary Public in and for the State of Washington |

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| --- | --- | --- | --- |
| Residing at:  |  | My Commission expires |  |