

**CERTIFICATION FOR A  
DULY AUTHORIZED  
REPRESENTATIVE OF  
A NON-PROFIT  
ORGANIZATION**



Department of Taxes & Licenses  
808 W Spokane Falls Blvd  
Spokane WA 99201-3336  
PH: (509) 625-6070

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- A. The undersigned, being duly sworn on oath and under penalty of perjury states and certifies:
- B. That he/she is a duly authorized representative of the applying organization/group.
- C. That he/she has personal, verifiable knowledge of the contents of the application including attachments, has reviewed the same, and knows them to be true and accurate in all respects.
- D. Said person understands the penalty for violation of the Admissions Tax Ordinance, in addition to penalties for a false application, is \$300.00 and/or imprisonment for 90 days for each violation. Said person is familiar with Ch.8.03, Spokane Municipal Code and has not relied upon the City of Spokane, its agents or employees, for legal advice or interpretation of applicable law.
- E. Copies of procedures for applying for an exemption are available upon request from the Taxes & Licenses Office of the City of Spokane.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

Signature \_\_\_\_\_

Name of Signatory (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of

\_\_\_\_\_ Residing at

\_\_\_\_\_  
My commission expires \_\_\_\_\_