



Compliance Certification Information

Compliance Options

Choose one of the following options:

Option 1

I certify that my business is in compliance with the requirements of Title 9 of the Spokane Municipal Code. My business has a permanent location within the City of Spokane and has employees that work in the City of Spokane more than 240 hours in a calendar year. My business provides employees with Earned Sick and Safe Leave as required by Title 9 of the Spokane Municipal Code.

Option 2

I am not familiar with the requirements of Title 9 of the SMC. I will visit the City of Spokane webpage or call 509.755.CITY (2489) to learn about the requirements of the Earned Sick and Safe Leave Ordinance and ensure that my business is in compliance.

Option 3

My business does not have a permanent location within the City of Spokane, does not have any employees, or does not have any employees that work more than 240 hours in a calendar year within the City of Spokane. As such, I am not required to comply with Title 9 of the SMC.

Business/Employer Information

Business or Employer Name _____

Business or Employer UBI _____

Contact First Name _____ Contact Last Name _____

Email Address _____ Phone Number _____

Business/Employer Address

Street Address Line 1 _____

Street Address Line 2 _____

City _____ State _____ Zip _____

By signing this form, you are acknowledging that the information on this form is true and correct to the best of your knowledge.

Signature Date

Please return this form to: City of Spokane, Contracts & Business Regulations Compliance
808 W Spokane Falls Blvd. Spokane, WA 99201