



### PART III. Signature of Applicant

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

\_\_\_\_\_  
(Applicant's Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

### PART IV. Snohomish County Health Department

- Approve  
 Disapprove

See attached letter stating comments and conditions.

\_\_\_\_\_  
(Name – Printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)