



**Solicitor's License Identification Number**

**2019** - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## Exempt Status - Solicitor's License Application

**Business Name:** \_\_\_\_\_

**Owner/ Operator:** \_\_\_\_\_  
(of Business/Organization)

**Mailing Address** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** Business: (    ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_

**Exempt Status Code:**

- |  |      |
|--|------|
| <b>Additional Licensee :</b> _____<br><small>(Print Full Name)</small> | ____ |
| <b>Additional Licensee :</b> _____<br><small>(Print Full Name)</small> | ____ |
| <b>Additional Licensee :</b> _____                                     | ____ |
| <b>Additional Licensee :</b> _____<br><small>(Print Full Name)</small> | ____ |
| <b>Additional Licensee :</b> _____                                     | ____ |
| <b>Additional Licensee :</b> _____<br><small>(Print Full Name)</small> | ____ |

The original license must be presented at the time of solicitation. No stationary soliciting is permitted in the public right-of-way (SMC 12.05.070). All solicitations must be on private property with the private owner's permission.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Submit completed form to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA**  
**www.sammamish.us Phone: 425-295-0500 Fax: 425-295-0600**