



**Solicitor's License Identification Number**  
**2019** - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

# 2019 City Solicitor's License Application

Your Name: (Include Middle Initial)	Vehicle Make, Model and Year:
Mailing Address:	Vehicle License State & Number:
City/State/Zip:	Driver's License State & Number:
Telephone: (            ) _____ - _____	Date of Birth: _____ / _____ / _____
Representing (Business Name):	Social Security Number: _____ - _____ - _____
Business Address:	WA State UBI Number:
City/State/Zip:	Business Phone Number:

Type of Business (Product for Sale): \_\_\_\_\_

Owner/ Officer (if representing a Business): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Business Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

*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.*

<b>Have you ever been convicted of a crime?</b>	<b>Yes</b>	<b>No</b>
If yes, please explain:		

*Solicitor applicants convicted of a felony for burglary, theft, and felonies against a person within the last 10 years will be denied a solicitor's license.*

Solicitor's License Fees	Cost	By signing below, you approve and authorize the City of Sammamish to conduct a social security background check through Background Source International.
License Fee (per person)	\$30.00	Signature of Applicant: _____ Printed Name of Applicant: _____ Job Title: _____ Today's Date: _____
Each Additional License	\$30.00	
*Special License	\$ 5.00	
Replacement License	\$ 5.00	

\* A license issued when sole owner or Shareholder is 18 years of age of under

**Submit completed form in person to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA**  
**For more information: [www.sammamish.us](http://www.sammamish.us). Phone: 425-295-0500 Fax: 425-295-0600**

**Note:** All Applicants for Licenses are subject to a background check and a copy of photo ID must be submitted by each applicant in person. An approved License will be issued within 5 working days from date of application. **OVER, Please** ➔

Each solicitor operating within the City limits must obtain a license. The following information is required: **Complete Name, Home Address, Date of Birth, Social Security Number, Current Drivers' License Number, and Vehicle Description(s)**

- The non-refundable fees are \$30 for a yearly license. Duplicate (replacement) licenses cost \$5.00 each.
- The non-refundable fee for sole owners (18 or younger) is \$5.00 per year.
- A copy of this license will be sent to the Sammamish Police Department.
- Permitted hours for solicitation are: Monday - Friday: 9:00 AM to 7:00 PM; Weekends: 10:00 AM to 5:00 PM
- No solicitor shall have any right to a stationary location in a public right-of-way. (Ord. 12.05.070) Soliciting shall occur only on private property with the owner's permission.
- Businesses with a tax-exempt status, newspaper subscriptions, or farmers selling homegrown products are exempt from license requirements (this exemption does not apply to firewood).
- By signing below, you approve and authorize the City of Sammamish to conduct a social security background check through Background Source International.

**PLEASE PRINT CLEARLY**

**Additional Licensee Information**

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

**Additional Licensee Information**

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

**Additional Licensee Information**

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

*For Office Use Only*

<i>Total Amount Paid</i>	<i>Date Received</i>	<i>Received By</i>	<i>Date Discontinued</i>	<i>Business License #</i>