



Solicitor's License Identification Number

2026 - _____

2026 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):	Email Address:
Business Address:	WA State UBI Number:
City/State/Zip:	Business Phone Number:

Type of Business (Product for Sale): _____

Owner/ Officer (if representing a Business): _____

**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.*

**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 Alliance 2020.
	License Fee (per person)	\$35.00	Signature of Applicant: _____
	Each Additional License	\$35.00	Printed Name of Applicant: _____
	*Special License	\$ 5.00	Job Title: _____
	Replacement License	\$ 5.00	Today's Date: _____

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

Submit completed form in person to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA

For more information: 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.

Each solicitor operating within the City limits must obtain a license, keep the license in your possession at all times and display your solicitor license on demand. The following information is required: **Complete Name, Home Address, Date of Birth, Current Drivers' License Number, and Vehicle Description(s)**

OVER, Please

- The non-refundable fees are \$35 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 PM 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. An email will be sent to you from Alliance 2020.

PLEASE PRINT CLEARLY

Additional Licensee Information

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Email Address	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Signature of Applicant:			Today's Date:	

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		/ /		
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		/ /		
Signature of Applicant:			Today's Date:	

For Office Use Only

Total Amount Paid	Date Received	Received By	Date Discontinued	Business License #