801 228 Ave SE, Sammamish, WA 98075 www.sammamish.us Phone: 425-295-0500 Fax: 425-295-0600

Parental/Guardian Consent Form for Minor Solicitor's License Application

(To be submitted at in-person appointment)

Minor's Full Name: _____

Date of Birth: _____
Address: _____

Parent/Guardian Full Name: _____

Phone Number: _____
Email Address (optional): _____

Consent Statement:

I, _____ (full name of Parent/Legal Guardian), hereby give my full consent for my child/ward named above to apply for and hold a Solicitor's License issued by the City of Sammamish. I understand the nature of the solicitation activity and accept responsibility for my child's conduct while engaged in licensed solicitation.

I also acknowledge that I may be contacted by the city for verification or further information, and I agree to supervise or ensure appropriate supervision of my child's activities as required by city regulations.

Parent/Guardian Signature: _____
Date: _____

Relationship to Minor: _____