



**Solicitor's License Identification Number**

**2026 - \_\_\_\_\_**

## **Exempt Status - Solicitor's License Application**

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

**Owner/ Operator:** \_\_\_\_\_

(of Business/Organization)

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

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

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

Cell: (        ) \_\_\_\_\_ - \_\_\_\_\_

### **Exempt Status Code:**

**Additional Licensee :** \_\_\_\_\_

(Print Full Name)

**Additional Licensee :** \_\_\_\_\_

(Print Full Name)

**Additional Licensee :** \_\_\_\_\_

**Additional Licensee :** \_\_\_\_\_

(Print Full Name)

**Additional Licensee :** \_\_\_\_\_

**Additional Licensee :** \_\_\_\_\_

(Print Full Name)

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**