Solicitor's License ID # 2013 - __ __ __ __

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 : _____

(Print Full Name)

Additional Licensee : _____

(Print Full Name)

Additional Licensee : _____

(Print Full Name)

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.ci.sammamish.wa.us Phone: 425-295-0500 Fax: 425-295-0600