



Solicitor's License ID # 2016 - _____ - _____

City Solicitor's License Application

Your Name: _____
(Include Middle Initial)

Vehicle Make, Model and Year: _____
(if applicable)

Mailing Address: _____

Vehicle License State & Number: _____

City/State/Zip: _____

Driver's License State & Number: _____

Telephone: () _____ - _____

Date of Birth: _____

Representing: _____
(Business Name)

Social Security Number: _____

WA State UBI Number: _____

Business Address: _____

City/State/Zip: _____

Business Phone Number: () _____ - _____

Type of Product:

Owner/Officer (if representing a business):
(List of Owners/Officers may be attached if necessary) _____

Mailing Address: _____

City/State/Zip: _____ Cell Phone: () _____ - _____

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.

Have you ever been convicted of a crime? Yes _____ No _____

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: *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: _____

Each Additional License \$ 30.00 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 of under

Submit completed form to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA
For more information: www.ci.sammamish.wa.us; Phone: 425-295-0500; Fax: 425-295-0600
*Note: All applicants for Licenses are subject to a background check.
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 PM to 7:00 PM; Weekends: 10:00 AM to 5 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					Number
First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the state issued in		
Social Security No.	Home Phone	Date of Birth	Vehicle Description	License Plate #	
		/ /			
Have you ever been convicted of a crime? Yes _____ No _____ Signature:					
Additional Licensee Information					
First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the state issued in		
Social Security No.	Home Phone	Date of Birth	Vehicle Description	License Plate #	
		/ /			
Have you ever been convicted of a crime? Yes _____ No _____ Signature:					
Additional Licensee Information					
First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the state issued in		
Social Security No.	Home Phone	Date of Birth	Vehicle Description	License Plate #	
		/ /			
Have you ever been convicted of a crime? Yes _____ No _____ Signature:					
Additional Licensee Information					
First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the state issued in		
Social Security No.	Home Phone	Date of Birth	Vehicle Description	License Plate #	
		/ /			
Have you ever been convicted of a crime? Yes _____ No _____ Signature:					
Additional Licensee Information					
First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the state issued in		
Social Security No.	Home Phone	Date of Birth	Vehicle Description	License Plate #	
		/ /			
Have you ever been convicted of a crime? Yes _____ No _____ Signature:					
For Office Use Only					
Total Amount Paid	Date Received	By	Date Discontinued	Business License #	