

CITY OF ASOTIN SOLICITOR LICENSE APPLICATION AMC 5.08

All persons, both principals and agents, as well as employers and employees, who sell, offer for or expose for sale, or who shall trade, deal or traffic in any personal property or services in the City by going from house to house or from place to place or by indiscriminately approaching individuals must apply individually for a Solicitors/Canvassers license.

Non-Refundable Fee Set by AMC 5.08 _____

(2) 2" x 2 passport photos must be attached to Application. A copy of Applications Current State ID with Picture must be attached to Application as well.

Applying as: Employee Employer Principal
(Each employer/principals must also complete supplemental form.)

City of Asotin, Solicitor License #: _____

This is an APPLICATION ONLY, and NOT a permit to conduct business.

Business Name:	Home Address:
Applicants Legal Name:	All correspondence will be mailed to this address: Business Address: <input type="checkbox"/> Check if same as Home
Date Of Birth: _____ / _____ / _____	
Social Security #: _____ - _____ - _____	
Drivers License #:	Email Address:
Business Phone: Cell Phone:	Asotin Business License #: _____ WA State Dept of Revenue (UBI#): _____ Asotin County Food Handler(s) permit #: _____
Height: _____ Weight: _____ Age: _____	Description of Nature of Business:
Hair Color: _____ Eye Color: _____	Goods or services to be sold:
Indicate Ownership Status: <input type="checkbox"/> Corporation <input type="checkbox"/> Non-profit (Exempt) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership	
Business will be conducted: <input type="checkbox"/> Door to Door <input type="checkbox"/> Other _____ <input type="checkbox"/> Set Location/Address: _____	All sales to occur on a parcel of land must be zoned commercial and a site plan must be included with application.

If employed or acting as an agent, the name, address and phone number of the employer(s) or principal(s) with the exact relationship with the principal or employer:

Name	Address	Phone #	Relationship to Applicant
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(Each employer and/or principal must also apply separately and complete supplemental form.)

Will a vehicle be used?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes→	Plate #:	Make:	Model:	Color:
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Has applicant (includes application by employer and/or principal) been convicted of any crime within the last ten years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance? No Yes, If yes list the nature of the offense, and the punishment or penalty assessed.

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Asotin Municipal Code and the laws of the State of Washington in doing business in Asotin. I understand that any untrue statement is cause for revocation of my permit and potentially criminal charge(s).

Date _____ Signature _____ (Printed) _____

STATE OF WASHINGTON
COUNTY OF KING

) SS

I certify that I know or have satisfactory evidence that _____ signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument

Notary Public in and for the State of Washington

Notary (Print) _____

My appointment expires: _____ Dated: _____

CITY OF ASOTIN
SOLICITOR LICENSE APPLICATION
AMC 5.08

Solicitor(s) Supplemental Form for Employers and Principals

Applying as: <input type="checkbox"/> Employer <input type="checkbox"/> Principal	Business Name: _____ Business Phone#: _____ Cell Phone#: _____ Email: _____	Business Address: _____
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City of Asotin Business License # for Employer: _____

All Employees and Agents Applying for Peddler Permit

Employee Name	Employee Address	Employee Cell Phone

Manager(s) for applicant(s) conducting business in Renton:

Name: _____	Address: _____	Business Phone: _____ Home Phone: _____ Email: _____
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Ownership of Business: Sole Proprietor Partnership Corporation Non-profit (Exempt)
 If a Corporation or Partnership, provide name, address and phone number of Board of Directors, principal officers registered agents, and/or partners. (Attach additional sheet if additional room is needed)

Name/Title	Address	Telephone#

Has any of the above been convicted of any crime within the last ten years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance? No Yes, If yes list name/title, nature of the offense, and the punishment or penalty assessed.

Please list other cities, towns and counties where the applicant has obtained a Solicitor's license or peddler's permit or similar permit within the past five years:

I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Renton Municipal Code in doing business in Renton. I understand that any untrue statement is cause for revocation of my permit.

Date _____ Signature _____ (Printed) _____

STATE OF WASHINGTON)

COUNTY OF KING)

Signed and sworn to (or affirmed) before me on _____ by _____.

Notary Public in and for the State of Washington

Notary (Print) _____

My appointment expires: _____ Dated: _____