



Year Ending 12/31/_____

Solicitor's License ID # 2015 - _ _ _ _

City Solicitor's License Application

Licensee Name:
(Include Middle Initial)

Vehicle Make, Model and Year:

Mailing Address:

Vehicle License State & Number:

City/State/Zip:

Driver's License State & Number:

Telephone: ()

Date of Birth:

Representing (Business Name):

Social Security Number:

Located at:

WA State UBI Number:

City/State/Zip:

Telephone: ()

Cell: ()

Type of Product:

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

Business Address:

Mailing Address:

City/State/Zip:

City/State/Zip:

Business Phone: ()

Cell Phone: ()

The original license must be presented at the time of solicitation. No stationary soliciting is permitted in the public right-of-way. All solicitations must be on private property with the private owner's permission.

Solicitor applicant must divulge whether they have been convicted of a crime related to the sale or representation of any goods, wares, merchandise, or anything of value and if so the details thereof. Solicitor applicants convicted of a felony for burglary, felony theft, and felonies against a person within the last 10 years will be denied a solicitor's license.

SOLICITOR'S LICENSE FEES

- License Fee \$ 40.00
-
-
-

Signature of Applicant: _____

Printed Name of Applicant: _____

Title: _____

Date: _____

Submit completed form to City of Duvall City Hall, 15535 Main St. NE, Duvall, WA
www.duvallwa.gov Phone: 425-788-1185 Fax: 425-788-8097
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 \$40 for a Temporary 30-day license.
- A copy of this license will be sent to the Duvall 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. 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).

| Additional Licensee Information | | | | |
|---|----------------------|------------------|------------------------------------|---------------------------|
| Licencee Name (First, M.I. Last) | Home Address | City /State /Zip | Driver's License # State Issued | |
| | | | | |
| Social Security No. | Home Phone | Date of Birth | Vehicle Description | License Plate # |
| | | / / | | |
| Have you ever been convicted of a crime? Yes _____ No _____ | | | | |
| Additional Licensee Information | | | | |
| Licencee Name (First, M.I. Last) | Home Address | City /State /Zip | Driver's License # State Issued | |
| | | | | |
| Social Security No. | Home Phone | Date of Birth | Vehicle Description | License Plate # |
| | | / / | | |
| Have you ever been convicted of a crime? Yes _____ No _____ | | | | |
| Additional Licensee Information | | | | |
| Licencee Name (First, M.I. Last) | Home Address | City /State /Zip | Driver's License # State Issued | |
| | | | | |
| Social Security No. | Home Phone | Date of Birth | Vehicle Description | License Plate # |
| | | / / | | |
| Have you ever been convicted of a crime? Yes _____ No _____ | | | | |
| Additional Licensee Information | | | | |
| Licencee Name (First, M.I. Last) | Home Address | City /State /Zip | Driver's License # State Issued | |
| | | | | |
| Social Security No. | Home Phone | Date of Birth | Vehicle Description | License Plate # |
| | | / / | | |
| Have you ever been convicted of a crime? Yes _____ No _____ | | | | |
| Additional Licensee Information | | | | |
| Licencee Name (First, M.I. Last) | Home Address | City /State /Zip | Driver's License # State Issued | |
| | | | | |
| Social Security No. | Home Phone | Date of Birth | Vehicle Description | License Plate # |
| | | / / | | |
| Have you ever been convicted of a crime? Yes _____ No _____ | | | | |
| For Office Use Only | | | | |
| <i>Total Amount Paid</i> | <i>Date Received</i> | <i>By</i> | <i>Date Discontinued</i> | <i>Business License #</i> |
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