



Solicitor's License Identification Number
2022 - ____ - ____ - ____ - ____

2022 City Solicitor's License Application

Your 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: ____ - ____ - ____
Business Address:	WA State UBI Number:
City/State/Zip:	Business Phone Number: (____) ____ - ____

Type of Business (Product for Sale): _____

Owner/ Officer (if representing a Business): _____

Mailing Address: _____ City/State/Zip: _____

Business Phone Number: (____) ____ - ____

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	Cost	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: _____ Printed Name of Applicant: _____ Job Title: _____ Today's Date: _____
Each Additional License	\$30.00	
*Special License	\$ 5.00	
Replacement License	\$ 5.00	
* A license issued when sole owner or Shareholder is 18 years of age or under		

Submit completed form in person to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA
 For more information: www.sammamish.us. Phone: 425-295-0500 Fax: 425-295-0600

Note: All Applicants for Licenses are subject to a background check and a copy of photo ID must be submitted by each applicant in person. 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 AM to 7:00 PM; Weekends: 10:00 AM to 5:00 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

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

Additional Licensee Information

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

Additional Licensee Information

First, Middle, Last Name	Home Address	City /State /Zip	Driver's License # & the State issued in	
Social Security No.	Contact Phone	Date of Birth	Vehicle Description	License Plate #
		/ /		
Have you ever been convicted of a crime? Yes _____ No _____ If yes, please explain:			Signature of Applicant:	

For Office Use Only

Total Amount Paid	Date Received	Received By	Date Discontinued	Business License #