

CITY OF WAITSBURG
P.O. Box 35
Waitsburg, WA 99361
Phone: (509) 337-6371 Fax: (509) 337-8089

APPLICATION FOR SOLICITOR'S LICENSE
(Separate Application Required for Each Solicitor)

Name of firm: _____

Address of firm: _____

Local branch address: _____

Name of local solicitor: _____

Address of local solicitor: _____

Length of employment with said business: _____

Previous employment & nature of employment of solicitor during past 12 months: _____

The nature of goods, wares, merchandise or services to be offered by each solicitor: _____

The personal description of each solicitor: _____

The following must be submitted with this completed application to be considered:

- Application fee in the amount of \$25.00 (per company; not per solicitor).

By signing this application, you authorize the City of Waitsburg to conduct a personal background investigation, as required by City Ordinance, and you agree to carry said license at all times by each solicitor for whom issued, when soliciting or canvassing in the City of Waitsburg, and shall be exhibited by any such solicitor whenever he or she shall be requested to do so by any police officer or any person solicited.

Dated this _____ day of _____, _____

Signature

For Office Use Only:

Photo identification verified: _____ Copy of current driver's license attached: _____

Application reviewed by: _____

Application approved: _____ Application denied: _____ Date: _____