



City of Washougal
Master/Individual Solicitor's License
Application

Finance
1701 C Street * Washougal, WA 98671
(360) 835-8501 • Fax (360) 835-8808
www.cityofwashougal.us

For City Use Only:

Today's Date: _____
Business Name: _____
Your Name: _____

Business Information

Employer Name: _____ Phone Number: _____
Address: _____
Owner/Manager/Supervisor's Name: _____
Nature of Business: _____

WA State UBI #: _____ City of Washougal Business License #: _____
What is the length of time you will be conducting business? _____

Solicitor Agents employed by the above business

Name: _____ Phone: _____
Address: _____
DOB: _____ Physical Descriptions:
Hair: _____ Eyes: _____ Weight: _____ Height: _____
Has applicant (or sub-applicant) been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations? YES NO
If yes, please explain & include the punishment/penalty you received: _____

Driver's Lic Info- State: _____ #: _____ Exp: _____ Please provide driver's license at time of application submittal for current photo copy, to be made by City of Washougal staff. Thank you.

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History

Last three cities or towns where applicant carried on business

Municipality Name: _____ Dates of transactions: _____

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AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AGREEMENT

I am an application for a solicitor, peddler, or canvasser license with the City of Washougal, Washington. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the City to gather all available information regarding my background and personal history that may include a review of professional and personal references, driving record, criminal record, and other information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish to the City of Washougal any and all information you have concerning me, including without limitation my work record, my background and reputation, my criminal history; including any arrest records and information contained in investigatory files, my military service records, my education background and records, my financial status, civil litigation history and such information and records as you have in your possession relating to me.

I hereby agree to release you and those who supplied you with the above information, your company, or organization and the City of Washougal, and its employees from any liability for any damage, which may result from furnishing the requested information.

Applicant Signature: _____ Date: _____

FOR CITY OF WASHOUGAL USE ONLY

License #: _____ Fees Paid: _____ Recpt #: _____

Sent to Police: _____

Comments: _____
