

City of Washougal 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:	
Invest. Officer: Date Recv'd: Approved / Disapproved Date:	
Police Chief: Fingerprints taken	-

***Please print legibly. Illegible applications may be delayed. ***
Please Allow 10 Working Days For Investigation

BUSINESS INFORMATION:				
Business Represented	Phone,	/Alt Phone	E-mail	
Address	City		State	Zip
Type of Business	Emplo	yer	Tax ID#	
Type of Merchandise Sold & Loc. No soliciting and include the manner in necessary.				
Areas Where You Have Conducted	Business In Past 6 Weeks:			
Length of time the right to do busing APPLICANT:	ness is desired		_	
Name (Last, First, MI)	Phone,	/Alt Phone	E-mail	
Address	City		State	Zip
AKA's (Other Names including mai	den or other married names)			
Date of Birth Pl	ace of Birth (City/State)	-		
Driver's License # (Attach copy of	Driver's License	Social Security #		
Height Weight Ey	res Hair			
***Have you ever been convicted Yes / No (Circle One)	of any crime, misdemeanor,	or violation of any m	unicipal Ordinand	ces?
If "Yes", list the nature of the offe	nse and the penalty:			

REFERENCE: (Preferable WA State Residents - DO NOT list relatives, current employers/supervisors or members of your household.) Name Phone E-mail Address Zip City State Name Phone E-mail Address Zip City State **OTHER EVIDENCE OF CHARACTER (Including Previous Employers, etc.): Applicant Signature** Date The City of Washougal will contact you when it has been determined if a solicitor's license will be issued. This application IS NOT a license. The City reserves the right to reject solicitor's licenses to any person or company which has been known to disturb the peace, use unwelcome soliciting tactics or have had complaints filed by citizens. **CITY OF WASHOUGAL USE ONLY** Investigative Fee (\$50.00)* Collected On: ____ / ___ / ___ Receipt #:_

Received By: