



# PEDDLER / SOLICITOR LICENSE SUPPLEMENTAL APPLICATION



**All responses will be verified for accuracy prior to license approval. Any attempt to hide or mislead the police investigation may be cause for license denial.**

**This form is to add additional employees / volunteers for a business listed on an original application. Additional applicants do not need to be present to apply for a license.**

## Additional Applicant Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Initial                      Date of Birth

**If a business is applying for a license on an employees behalf this section must be completed.**  
**Applicant's Physical Description—Check one box in each column**

<u>Gender</u>	<u>Race</u>	<u>Height</u>	<u>Build</u>	<u>Hair Color</u>	<u>Eye Color</u>
<input type="checkbox"/> Male	<input type="checkbox"/> White	<input type="checkbox"/> < 5'	<input type="checkbox"/> Thin	<input type="checkbox"/> Brown	<input type="checkbox"/> Brown
<input type="checkbox"/> Female	<input type="checkbox"/> Black	<input type="checkbox"/> 5' – 5'3"	<input type="checkbox"/> Medium	<input type="checkbox"/> Blonde	<input type="checkbox"/> Blue
	<input type="checkbox"/> Asian	<input type="checkbox"/> 5'4" – 5'7"	<input type="checkbox"/> Heavy	<input type="checkbox"/> Black	<input type="checkbox"/> Green
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> 5'8" – 6'	<input type="checkbox"/> Unknown	<input type="checkbox"/> Red	<input type="checkbox"/> Hazel
	<input type="checkbox"/> Indian	<input type="checkbox"/> 6'1" – 6'4"		<input type="checkbox"/> Other	<input type="checkbox"/> Other
	<input type="checkbox"/> Other	<input type="checkbox"/> > 6'4"		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown			

\_\_\_\_\_  
Current Address                      City                      State                      Zip Code

(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_  
Telephone Number                      Alternate Number

Have you (the applicant) used any other names in the last two years?    Yes                       No

If "Yes" list all names used: \_\_\_\_\_  
\_\_\_\_\_

Have you (the applicant) lived at any other addresses in the last two years?    Yes                       No

If "Yes" list all other addresses that you have lived at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PEDDLER / SOLICITER LICENSE APPLICATION CONTINUED

## Applicant's Criminal History

Applicants with criminal convictions for any crime involving fraud or misrepresentation, burglary, rape, or any other sexually motivated crime within the past 10 years will not be granted a license. SMC 5.28.080

In the past 10 years have you (the applicant) been convicted of **ANY** crime?  Yes  No

If "Yes" list the year and offense convicted of: \_\_\_\_\_

## Services / Goods Offered

What are the goods, wares, merchandise or services to be offered?

**No person shall engage in peddling within the city, except between the hours of 9:00 a.m. and 9:00 p.m.**

\_\_\_\_\_ Initial

Are you operating a mobile ice cream cart?  Yes  No

SMC 5.28.060 provisions—Mobile ice cream carts shall not:

1. Be operated in such a manner as to impede the normal usage of the arterial streets;
2. Stop on the traveled portion of the street or within 50 feet from a corner to dispense ice cream;
3. Stop in dangerous locations for dispensing ice cream, such as on streets with inadequate shoulders and restricted sight distance;
4. Be operated on any arterial street during peak hour of traffic, generally between 7:00 and 9:00 a.m. and between 4:00 and 6:00 p.m. Monday through Friday.

## Dates / Times License Requested For

All license applicants except for mobile ice cream carts

Dates Peddler's License Requested for: \_\_\_\_\_

Mobile ice cream carts

Dates Peddler's License Requested for (monthly increments): \_\_\_\_\_

### Fees *Admin Use Only*

Application Fee \$10.00

Peddler's License—Regular \_\_\_\_\_ X \$10.00 = \_\_\_\_\_  
# of days

Peddler's License—Ice Cream \_\_\_\_\_ X \$10.00 = \_\_\_\_\_  
# of months

\_\_\_\_\_ **Total Due**

I hereby affirm that the information provided on this application (or other materials provided by me, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may prevent me from obtaining a peddlers license and / or may be considered justification for revocation / suspension of an issued license at a later date. I understand that the Sumner Police Department will verify my criminal history convictions using the Washington State Patrol WATCH program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

WATCH Check \_\_\_\_\_ Sumner Police Department Approval \_\_\_\_\_  
Date / Time Name / Date

License Number Issued: \_\_\_\_\_ Associated License Number(s): \_\_\_\_\_