



PEDDLER/SOLICITOR LICENSE 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.

Business or Organization Information

_____ (_____) _____
 Business or Organization Name Business Telephone Number

_____ (_____) _____
 Manager or Supervisor of Applicant Home Telephone Number

Applicant Information

Businesses wishing to apply for licenses for multiple employees must use a supplemental application.

Check here if supplemental applications are attached.

_____ _____ _____ _____
 Last Name First Name Middle Initial Date of Birth

_____ _____ _____ _____
 Current Address City State Zip Code

(_____) _____ (_____) _____
 Telephone Number Alternate Number

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

If yes, list names used: _____

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

If yes, list all other addresses that you have lived at: _____

Previous Peddler's Permits

List all other cities, towns, and counties where you (the applicant) have obtained a peddler's permit or similar permit within the past five years:



PEDDLER/SOLICITOR 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 am and 9:00 pm.**

_____ 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 am and between 4:00 and 6:00 pm, Monday through Friday.

Dates/Times License Requested For

All license applicants except for mobile ice cream carts

Dates Peddler's License Requested: _____

Mobile ice cream carts

Dates Peddler's License Requested (monthly increments): _____

| | | |
|-----------------------------------|-------------------|---------|
| Fees <i>admin use only</i> | 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 | _____ |

Please note that all payments may be made in cash or check. We are unable to process credit cards.

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 peddler's 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 Dept Approval _____
Date/Time Name/Date

License Number Issued: _____ Associated License Number(s): _____