



TOWN OF WOODWAY

23920 113th Place W. • Woodway, WA 98020
206.542.4443 • 206.546.9453 fax
<http://www.townofwoodway.com>

Permit #:
Date Received:

PEDDLER AND SOLICITATION PERMIT

Applicant/Firm/Organization:
Mailing Address:
City/State/ZIP:
Phone Number:
Email Address:
Street Address (if different):
City/State/ZIP:

I am applying for a: **Peddler permit:** I wish to sell or advertise the following goods or services:

Permit fee: \$50. This permit is valid for one week.

Solicitation permit: I wish to solicit donations for a charitable or service organization. I have provided proof of my tax-exempt status with this application.

Permit fee: \$10. This permit is valid for up to 14 days.

I would like the permit to begin on the following date: _____

NO PERSON SHALL ENGAGE IN DOOR-TO-DOOR SELLING OR SOLICITATION BETWEEN THE HOURS OF 9:00 P.M. AND 8:00 A.M.

For each salesperson or solicitor covered by this permit, please list the following (Use additional pages as necessary):

Name:	
Address:	
Phone Number:	Birth Date:
General Description:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, state the nature of the crime:	
As a condition of this permit, I understand that the Town of Woodway will conduct a criminal background check on me. By signing this Acknowledgement and Authorization, I authorize the Town of Woodway to access such information as may be necessary to complete a criminal background check. I release from liability all persons and entities supplying such information. I indemnify the Town of Woodway against any liability that may result from making such requests. I agree that a fax, photocopy, or pdf of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report. I certify, under the laws of penalty of the State of Washington, that the above statements are true and correct to the best of my knowledge and that I fully understand the terms of the Acknowledgment and Authorization.	

Salesperson/Solicitor Signature

Date

Print Name

Permit #:

For each salesperson or solicitor covered by this permit, please list the following (Use additional pages as necessary):

Name:	
Address:	
Phone Number:	Birth Date:
General Description:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, state the nature of the crime:	
<p>As a condition of this permit, I understand that the Town of Woodway will conduct a criminal background check on me. By signing this Acknowledgement and Authorization, I authorize the Town of Woodway to access such information as may be necessary to complete a criminal background check.</p> <p>I release from liability all persons and entities supplying such information. I indemnify the Town of Woodway against any liability that may result from making such requests. I agree that a fax, photocopy, or pdf of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report.</p> <p>I certify, under the laws of penalty of the State of Washington, that the above statements are true and correct to the best of my knowledge and that I fully understand the terms of the Acknowledgment and Authorization.</p>	

Salesperson/Solicitor Signature

Date

Print Name

For each salesperson or solicitor covered by this permit, please list the following (Use additional pages as necessary):

Name:	
Address:	
Phone Number:	Birth Date:
General Description:	
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Salesperson/Solicitor Signature

Date

Print Name