

833 South Spruce Street Burlington, WA 98233

Phone: (360) 755-2377 Fax: (360) 755-9565

PEDDLER'S LICENSE APPLICATION

<pre></pre>		enewal		FEE: Application \$50.00 (<i>Non-refundable</i>) License - \$10.00 (<i>Per Day</i>)			
Business	Location		Street	City	State	Zip	
Mailing Address				City	State	Zip	
	Nati	ure of Busines	Method of Sales (i.e. Door-to-door)				
List Owner(s), partners, Officers* (use back of application, if necessary)			Title	Home Addre	ess Home	Home Phone	
*Use Pag	e 3 to list emp	oloyees					
Name of Applicant			Date of Birth	Social Security # Drivers License		License #	
Height	Weight	Eyes	Hair	Vehicle Lice	Phicle License (if used in business)		
List any a	nd all crimina	I history:			Washington State	· UBI #	
knowledg		and that I will d	urnished by me on this applicat comply with the provisions of a				
Date		Signature		Title			



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Municipal Code 5.16.050.8	names of at least two pro applicant's good characte	I certify as to the			
	Name	Address	_		
Burlington	Name	Address	_		
Municipal Code 5.16.050.10	The last three (3) cities where the applicant did business immediately preceding the date of this application and the addresses from which such business was conducted in those municipalities:				
1)	Business		_		
	Address		_		
2)			Phone		
_,	Business		_		
	Address		_		
3)			Phone		
3)	Business		_		
	Address		_		
			Phone		



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EMPLOYEES OF DOOR-TO-DOOR SALES

Name of Business						
EMPLOYEE'S FULL NAME (First, Middle, Last) Please Print	DATE OF BIRTH					