



# 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:

*This permit will be 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.

*This permit will be 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):

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Address:	
Phone Number:	Birth Date:
General Description:	
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\_\_\_\_\_  
Salesperson/Solicitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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

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Address:	
Phone Number:	Birth Date:
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\_\_\_\_\_  
Salesperson/Solicitor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name