



CITY OF BLACK DIAMOND

SOLICITORS LICENSE APPLICATION

PO Box 599, 24301 Roberts Dr.
Black Diamond, WA 98010

Ph: 360-886-5700

Fees: \$70 Annual \$50 Temporary (30 days)

BUS - _____	
APPLICANT NAME: (INCLUDE MIDDLE INITIAL)	DRIVER'S LICENSE STATE & NUMBER:
MAILING ADDRESS:	VEHICLE LICENSE STATE & NUMBER:
CITY/STATE/ZIP:	DATE OF BIRTH: SOCIAL SECURITY #:
PHONE #:	HEIGHT: WEIGHT: M/F: EYE COLOR: HAIR COLOR:
LENGTH OF EMPLOYMENT:	PREVIOUS EMPLOYERS (attach additional pages, if necessary):

~Please attach a copy of a current Driver's License or Personal Identification Card~

REPRESENTING: (BUSINESS NAME)	BUSINESS ADDRESS:
SUPERVISOR/OWNER:	CITY/STATE/ZIP:
PHONE#:	EMAIL:
Please describe the merchandise or service being offered:	

I authorize the City of Black Diamond to conduct a background check, including but not limited to a criminal history check. No license shall be issued until the check has been conducted and approved by the City Clerk or his or her designee. The Chief of Police has the authority to fingerprint the applicant pursuant to RCW 35A.21.370. I hereby release from liability and promise to hold harmless under any and all possible claims or causes of action any and all persons or entities who shall furnish such information to the City, its officers, agents or employees. Furthermore, I understand that this release is signed, free from duress, and with the full knowledge and understanding that any information obtained will be used in assessing my qualifications for a solicitor's license.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

No solicitations shall be made except between the hours of 10am and 8pm. No solicitation is allowed on City recognized Holidays. Solicitor must carry the license at all times and must be exhibited upon request of a police officer, code enforcement officer, or any person solicited.