



## APPLICATION FOR PEDDLER'S LICENSE

Date of Application (mm/dd/yy): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Place of Birth (city and state): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: Male  Female

Race: White  Black  Native American   
Asian/Pacific Islander  Other  (please specify): \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Work  Cell

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Vehicle Registered Owner: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Nature of Goods or Services Offered: \_\_\_\_\_

Length of Service with Present Employer: \_\_\_\_\_

List a supervisor within the organization who can verify your employment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Work  Cell

Have you ever been convicted of a crime (including misdemeanors, violations of municipal ordinances, juvenile offenses, and vacated convictions)? Yes  No

**Failure to disclose conviction(s) may result in denial of your application. \*\* Conviction does not guarantee denial of your application \*\***

If yes, please explain. Be sure to include the nature of the crime and the name of the court in which charges were filed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two personal references you have known for three or more years.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Work  Cell

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home  Work  Cell

I have truthfully and accurately completed this form, and recognize that the peddler's license issued to me by the City of Clyde Hill is non-transferable. Furthermore, I understand that the \$27.00 application fee is nonrefundable.

I hereby authorize the Clyde Hill Police Department to conduct a background investigation and obtain any and all information they may request concerning my work record, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a peddler's license.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or for any subsequent use of such information in determining my qualifications for the license described. This form or a copy may be retained in your files, and a photocopy will serve as an original.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Payment Received On: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

WACIC/NCIC: \_\_\_\_\_ DOL: \_\_\_\_\_

License Plate: \_\_\_\_\_ WATCH: \_\_\_\_\_

JABS: \_\_\_\_\_ Local RMS: \_\_\_\_\_

Approved  Denied  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Note for Officers: \_\_\_\_\_

Miscellaneous Notes: \_\_\_\_\_

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