

	FEES:		PLEASE RETURN TO: Planning and Development 25 West Main Street Auburn, WA 98001 Phone: (253) 931-3090 Fax: (253) 804-3114
	Solicitor License Fee	\$40.00	
	Renewal of Solicitor License	\$20.00	
	Business License Fee	\$50.00	
	Business License Renewal Fee	\$50.00	

APPLICATION FOR SOLICITOR INDIVIDUAL LICENSE

The Auburn Municipal Code requires that business activity which meet the criteria for individual licenses be applied for in addition to a City of Auburn business license from the City Clerk's office. City of Auburn business licenses and individual licenses are required to be renewed by December 31st of each year.

<u>CHECKLIST/REQUIREMENTS</u>		<u>TYPE OF LICENSE (Please Indicate)</u>	
Temporary Use Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Master (Agency) Solicitor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Non-Profit Certificate Status	Yes <input type="checkbox"/> No <input type="checkbox"/>	Agent Solicitor	Yes <input type="checkbox"/> No <input type="checkbox"/>
List of All Solicitors	Yes <input type="checkbox"/> No <input type="checkbox"/>	Underage Solicitor (under 12 years)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Order Requirements	Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Profit Solicitor	Yes <input type="checkbox"/> No <input type="checkbox"/>

BUSINESS/ORGANIZATION INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:

SOLICITOR (AGENT) INFORMATION:			
Name:			
Address:			
City:	State:	Zip:	Telephone:
Maiden Name:	Alias/Previous Name:		
Drivers License No.:	Eye Color:	Hair Color:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	HT:	WT:	
Social Security No.:	Date of Birth:	Place of Birth:	
U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please indicate status:			
Previous Home Address Past (5) years:			
1.	2.		
Previous Employment Past (5) years:			
1.	2.		

STATE OF WASHINGTON
 COUNTY OF KING

I, _____, being first duly sworn, on oath deposes and says: I am the above named applicant and make this affidavit for the purpose of obtaining from the City of Auburn a SOLICITOR individual license. I have personal knowledge of the matters stated in the individual license application, and the statements therein contained are true. I have read the individual license regulation in Auburn City Code 8.24 and the legal requirements contained therein.

I, _____, hereby give permission to the City of Auburn to conduct an investigation into my background. I waive any and all claims against any company, corporation or individual pertaining to information received from such company, corporation or individual by the city as a result of such investigation.

 Signature of Applicant

Subscribed and sworn before me this ____ date of _____, 20____, Notary Public in and for the State of Washington, residing at _____, My Commission Expires: ____/____/____
 Signature: _____

FOR OFFICE USE ONLY:	
<input type="checkbox"/> Planning _____	Date Received: _____
<input type="checkbox"/> Building _____	Amount Paid: _____
<input type="checkbox"/> Fire _____	TR Receipt #: _____
<input type="checkbox"/> Police _____	Business License #: _____