

CITY OF BLACK DIAMOND SOLICITORS LICENSE APPLICATION

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

Ph: 360-886-5700 Fx: 360-886-2592

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	
LENGTH OF EMPLOYMENT:	PREVIOUS	S EMPLOYER	S (attach additional pages, if necessary):
~Please attach a copy of a current Driver's License or Personal Identification Card~			
REPRESENTING:		BUSINESS ADDRESS:	
(BUSINESS NAME)			
SUPERVISOR/OWNER:		CITY/STATE/ZIP:	
PHONE#:		EMAIL:	
Please describe the merchandise or service being offered:			
criminal history check. No license sha City Clerk or his or her designee. The pursuant to RCW 35A.21.370. I herel all possible claims or causes of action the City, its officers, agents or employ	all be issued c Chief of Po by release from any and all yees. Furthe and understa	I until the choolice has the com liability and liability are remore, I under that and inding that and ling that line line line line line line line line	and check, including but not limited to a eck has been conducted and approved by the authority to fingerprint the applicant and promise to hold harmless under any and entities who shall furnish such information to erstand that this release is signed, free from any information obtained will be used in
Signature of Applicant:			Date:
Printed Name of Applicant:			

No solicitations shall be made <u>except</u> 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.