CITY OF MUKILTEO

11930 Cyrus Way, Mukilteo, WA 98275 (425) 263-8035

CANVASSER, PEDDLER & SOLICITOR

FORM A

Business Name: _____

Business Contact: _____

Contact Phone Number & Email: _____

Canvassing Beginning Date: _____Ending Date: _____

The following information is ***required*** for each person participating in canvassing, peddling or soliciting activity, **including a legible copy of government issued photo identification.**

First Name	Middle Name	Last Name	Date of Birth	ID Included
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ATTACH ADDITIONAL SHEETS IF NECESSARY

List specific neighborhoods or areas in which canvassing, peddling or soliciting activity will take place:

_____

_____

_____

_____

_____

_____

_____

Under penalty of perjury, I, the undersigned hereby certify that the information provided on this application is true and correct, to the best of my knowledge, and that the business for which this license is sought will be operated in a lawful manner and will not be in violation of any federal, state or local law, ordinance or regulation. I understand that all listed individuals may be subject to a criminal records check.

Signature: _____ Date: _____

Print Name: _____ Title (if applicable): _____

FOR OFFICE USE ONLY

Date _____ Fee Paid _____ BID # _____ LIC # _____