

Solicitor's License Identific	cation Number
2022	

Exempt Status - Solicitor's License Application

Business Name:			
Owner/ Operator:			
(of Business/Organization)			
Mailing Address			
City/State/Zip:			
· -			
		-	
	Cell: ()		
Exempt Status C	ode:		
Additional Licensee:			
(Print Full Name)			
Additional Licensee: _			
(Print Full Name)			
Additional Licensee :			
(Print Full Name)			
Additional Licensee : _			
Additional Licensee :			
(Print Full Name)			
	nted at the time of solicitation. No stationary soliciting is perminust be on private property with the private owner's permission	• •	
·			
	Signature of Applicant:		
Printed Name of Applicant:			
Title:			
	Date:		

Submit completed form to City of Sammamish City Hall, 801 228 Ave SE, Sammamish, WA www.sammamish.us Phone: 425-295-0500 Fax: 425-295-0600