



AUG/2022

REGULATORY BUSINESS LICENSE APPLICATION SOLICITOR

Email application to: businesslicenses@auburnwa.gov

PLEASE RETURN TO:
Department of Community
Development
25 West Main Street
Auburn, WA 98001
Phone: (253) 804-5011

APPLICATION FOR SOLICITOR INDIVIDUAL LICENSE

The Auburn Municipal Code requires *Businesses employing a solicitor must have a City of Auburn business license.*

Apply here [Open a business | Washington Department of Revenue](#) or a city endorsement.

<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 – This is the master license, for the business employing a solicitor			
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: _____

FEE:

The annual adopted Auburn business license and permit/application fees can be found here: [Auburn fee schedule](#)

