



City of Richland
CUSTOMER SERVICE

505 Swift Boulevard
Richland, WA 99352
(509) 942-1104
Fax: (509) 942-7779
CustomerService@ci.richland.wa.us

Solicitor and Canvasser's License Application

Applicant Information

Applicant Name (First, Middle, Last): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email Address: _____
Driver's License # _____ State of Issuance: _____ Expiration Date: _____
Sex: Male Female Height: _____ ft _____ in. Weight: _____ lbs
Race: _____ Hair Color: _____ Visible Scars: _____

Business Information

Business Name (DBA): _____
Address: _____ City: _____ State: _____ Zip Code: _____
Richland Business Location if different than Address listed above: _____
Phone: _____ Fax: _____ Email Address: _____
Dates of Soliciting/Canvassing activities in Richland (example: 04/01/2016 – 05/01/2016):
_____-_____; _____-_____; _____-_____;
_____-_____; _____-_____; _____-_____.
Describe, in full, the nature of business (including goods to be sold and services performed): _____

Character/Professional References (minimum requirement of 2):

- 1. Name (first and last): _____ Relationship: _____
Phone: _____ Email Address: _____
- 2. Name (first and last): _____ Relationship: _____
Phone: _____ Email Address: _____

Have you ever been convicted of a crime, misdemeanor, or violation of municipal code? YES NO
If yes, please explain (include date, location, offense, and penalty for each violation): _____

By signing below, I am acknowledging all information above is true and accurate to the best of my abilities. I understand a criminal background check will be completed by the Washington State Patrol. The attached Release and Waiver must be submitted with your application to complete processing as well as payment for all applicable fees.

Authorized Signature: _____ Date: _____



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Release and Waiver

Printed Name (Last, First, Middle): _____ Date of Birth: _____

Social Security # _____ Sex: Male / Female

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Evening Phone: _____ Email Address: _____

Driver's License # _____ State of Issuance: _____ Expiration Date: _____

To Whom It May Concern,

I hereby authorize the City of Richland or other authorized representative of the City of Richland bearing this release, or a copy of it, within one year of its date to obtain any information in their files pertaining to my employment, including but not limited to, documents concerning my credit history, education, academic achievement, attendance, athletics, personal history, military history, work performance, background investigations, polygraph examinations, and all internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Richland and for employment/business purposes only.

Consent is granted for the City of Richland and its designee, to furnish the information described above to third parties in the course of fulfilling their official responsibilities. I hereby release and/or hold harmless the City of Richland and any employer presented with this waiver for furnishing the information as requested for the purposes of considering my application for solicitor or canvasser within the City of Richland. I further understand and agree that I waive any right or opportunity to read or review any information provided during the background investigation to the City of Richland.

I hereby release you, the City of Richland, my current and former employers and any representation of them and any school, college, university, or any other education institution, credit bureau, lending institution, financial institution, consumer reporting agency or retail business establishment, including any of their officers, employees, or related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature (sign in presence of notary): _____ Date: _____

Notary Acknowledgement

State of Washington; County of _____)

On _____ before me, _____, a Notary Public, personally appeared _____, who proved to be on the basis of satisfactory evidence or personally known to me to be the person whose name is subscribed to within the instrument and appeared before me.

(Seal)

Printed Name of Notary

My Commission Expires: _____

Signature of Notary



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Associated Fees:
Investigation Fee: \$12 (annual).
License Fee: \$30 for each 90 day period.

Office Use Only

This application has been investigated, and I hereby approve _____ disapprove _____ the issuance of a license to the applicant to operate as a solicitor or canvasser in the City of Richland, Washington based on the department approvals below.

Finance Department: _____

Date: _____

Department Approvals

1) **Police** Approved No Initials: _____ Date: _____ Comments: _____

2) **Panning** (if applicable) Zone: _____ Census Tract _____ Block _____ Home Occupation Yes No

Zoning Compliant: Approved No Initials: _____ Date: _____ Comments: _____

3) **Fire** (if applicable) Approved No Initials: _____ Date: _____ Comments: _____

Fee: \$ _____ License #: _____ Accepted By: _____

Additional Notes: _____ Date: _____