



APPLICATION FOR TEMPORARY LICENSE

Phone (425) 888-1555

Fax (425) 831-6041

CITY OF SNOQUALMIE
 Finance Officer
 P.O. Box 987, Snoqualmie, Washington 98065

This Application is for a New (License No. *To Be Assigned* _____)

Temporary License Fees:

Please Check The Appropriate License Type You Are Applying For

Type	Time Frame	Fee
___ Festivals & Special Events	0 to 7 Days	\$15.00
___ Roadside Sales	Annual	\$15.00
___ Transient	3 Days	\$50.00
___ **Door To Door	7 Days	\$ 35 Per Person

****Must Fill Out & Attach Addendum ~ Do Not Include Payment**

INSTRUCTIONS:

- *All items must be completed, or application will not be accepted.
- *Please print or type legibly.
- *Attach additional paper if needed.
- *Application must be signed.
- *Return application with payment – Except When Applying For The Door To Door License Then Do Not Include Payment
- *If form is not fully completed, a delay in processing the application will occur.
- *Please make checks payable to “City of Snoqualmie”.

Dates Of Activity _____ Location/Name Of Activity _____

1. _____

Name of Firm	DBA (Doing Business As)	Business Phone
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2. _____

Business Address

3. _____

Mailing Address (if different from business address)

4. **List names of all owner(s), partners, or officers** Please write legibly or processing may be delayed

(I)	(II)
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Name: (First, Middle, Last)	
Address:	
City/State/Zip	
Home Phone:	

Door To Door Applicants Only		
Date of Birth	(I)	(II)
Social Security No.		
Driver's License No. & Issuing state		

CITY OF SNOQUALMIE STATEMENT UPON APPLICATION FOR BUSINESS LICENSE:

The City of Snoqualmie, in accepting the foregoing Application for Temporary License, or in issuing a Temporary License Certificate, makes no representation that making application is an authorization to commence business, or that a licensed business is in compliance with City or State laws and regulations regarding the operation of the business within the City of Snoqualmie. It is the responsibility of the business owner to investigate, maintain and ensure compliance with all applicable laws and regulations.

*I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Applicant Signature

Title

Signature Date

Washington State Department of Revenue Tax No. (UBI)

FOR OFFICE USE ONLY

Planning Department
Zoned for Roadside Sales

Yes / No

Planning Dept. Representative

Finance Officer

Copy of Title 5 Provided: _____
Amount Paid: _____
Receipt No: _____
Date Issued: _____
By : _____

LICENSE NUMBER: _____

Date _____ Approved _____ Denied _____

Finance Officer

Temporary Business License Door To Door Addendum

5. Solicitors to be working in the City of Snoqualmie

(III)

(IV)

Name: (First, Middle, Last)	
Address:	
City/State/Zip	
Social Security No.	
Date of Birth	
Drivers License No & Issuing State	

Solicitors to be working in the City of Snoqualmie (continued)

(V)

(VI)

Name: (First, Middle, Last)	
Address:	
City/State/Zip	
Social Security No.	
Date of Birth	
Drivers License No & Issuing State	

Solicitors to be working in the City of Snoqualmie (continued)

(VII)

(VIII)

Name: (First, Middle, Last)	
Address:	
City/State/Zip	
Social Security No.	
Date of Birth	
Drivers License No & Issuing State	

*6. **Specifically describe your business activity:** _____

7. **Dates of Solicitation:** From _____ to _____