



# APPLICATION FOR PEDDLERS, CANVASSERS AND SOLICITORS LICENSE

230 Pioneer Street / PO Box 608  
Ridgefield, WA 98642  
Tel: (360) 887-3557 / Fax: (360) 887-0861  
[www.ci.ridgefield.wa.us](http://www.ci.ridgefield.wa.us)

This license is required under Ordinance No. 505, Ridgefield Municipal Code, Chapter 5.08. Applicants must allow 48 hours after application is received for the purpose of investigating the applicant. A charge of \$25.00 is required for the purpose of defraying the investigation costs.

Full Name: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Your License or ID Number for the Business (if any): \_\_\_\_\_

Who should the City contact to verify that you are employed by or authorized to represent this business: \_\_\_\_\_

\_\_\_\_\_

Nature of Business: \_\_\_\_\_

Describe the good to be sold and/or service you will be providing:

\_\_\_\_\_

Personal or Professional Character References

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Last three cities or towns where you worked for this business

Municipality Name: \_\_\_\_\_

Municipality Name: \_\_\_\_\_

Municipality Name: \_\_\_\_\_

Have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance?

YES

NO

If yes, state nature and circumstance of offense: \_\_\_\_\_

Penalty or punishment assessed: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION AGREEMENT**

I am an applicant for a peddler, solicitor, or canvasser license with the City of Ridgefield, Washington. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. I have authorized the City to gather all available information regarding my background and personal history that may include a review of professional and personal references, driving record, criminal record, and other information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish to the City of Ridgefield any and all information you have concerning me, including without limitation my work record, my background and reputation, my criminal history; including any arrest records and information contained in investigatory files, my military service records, my education background and records, my financial status, civil litigation history and such information and records as you have in your possession relating to me.

I hereby agree to release you and those who supplied you with the above information, your company, or organization and the City of Ridgefield, and its employees from any liability for any damage, which may result from furnishing the requested information.

Applicant  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Required documents to process application:
- Copy of current and valid driver's license
  - Copy of current Washington State Health Department permit (For Restaurant-Food vendors only)

FOR OFFICAL USE ONLY	
LICENSE NO.:	DATE:
_____	
APPROVED BY: _____	
City Manager or designee	
DECLINED/REASON: _____	