SOLICITOR BUSINESS LICENSE APPLICATION

Physical Address:
Auburn City Hall Annex, 2nd Floor
1 E Main St

Mailing Address:
25 W Main St
Auburn, WA 98001

Phone and Email:
253-931-3090 Option 2
businesslicenses@auburnwa.gov

Website: www.auburnwa.gov

SOLICITOR'S INFORMATION

Name: _____

Address:_____ Apt/Unit:_____

City:_____ State: _____ Zip:_____

Phone:_____ Email: _____

Date of Birth: _____ Driver's Lic Number:_____

BUSINESS INFORMATION

Will you be soliciting on behalf of a company or organization? Provide their information below.

Business Name: _____

Business Address: _____ Suite:_____

City:_____ State: _____ Zip:_____

Business Phone: ( )_____ Business Email:_____

Washington State UBI: _____

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 5.20 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

_____ _____
Printed Name Date