

CITY OF POULSBO PEDDLERS LICENSE APPLICATION

200 NE Moe Street
Poulsbo, Washington 98370-7347
(360) 394-9880

The application and Individual Peddler Information Form(s) shall be submitted to the City Clerk together with a nonrefundable investigation fee of \$15.00. (Ordinance 90-32)		
Peddling within the City of Poulsbo shall be between the hours of 9:00 AM and 9:00 PM only. (Ordinance 90-32, PMC 5.24.060)		
Name of Applicant (first, middle initial, last)		
Street Address (address, city, state, zip code)		
Mailing Address (address, city, state, zip code)		
Telephone (include area code)		Email
Drivers License Number	State In Which Drivers License Is Issued	Date of Birth
List each name and address used by applicant during the past two (2) years. (If additional space is required, attach list to form.)		

Name of Corporation		
Names, Addresses and Telephone Numbers of Board of Directors & Principal Officers (If additional space is required, attach list to form.)		

List all cities, towns and counties where peddlers or similar permit has been obtained within the past five (5) years. (If additional space is required, attach list to form.)		

Type of Product or Service	
Have you been convicted of a crime in the past ten (10) years? Yes/No	
If yes, describe fully.	
List all persons who may be peddling within the City of Poulsbo under this permit (An Individual Peddler Information Form must be completed for each person listed and attached to this application.)	
Name, Address and Telephone Number of applicant's manager	
A Signature Is Required To Process The Application	
I hereby certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
Applicant's Signature _____	Date _____
For City Use Only	
Date Received By City Clerk	
Date Forwarded to Police Chief	Approved/Denied By Police Chief *
License Number	Date Issued
Issued For The Period _____ through December 31, 20__	

*If not approved, please attach an explanation memo.