



# TOWN OF WILBUR APPLICATION FOR PEDDLER'S PERMIT

PLEASE FILL OUT ONE PERMIT APPLICATION FOR EACH SALESPERSON

DATE OF APPLICATION: \_\_\_\_\_

**EMPLOYEE:**

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

**EMPLOYER:**

FIRM/ CORPORATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

WA STATE BUSINESS LICENSE # \_\_\_\_\_

CORPORATE OFFICERS NAME/S \_\_\_\_\_  
\_\_\_\_\_

LENGTH OF SERVICE WITH CURRENT EMPLOYER: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

APPLICANT'S PLACE OF RESIDENCE DURING THE LAST YEAR: (COMPLETE ADDRESS)

STREET \_\_\_\_\_ APT# \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NATURE OF EMPLOYMENT WITH EMPLOYER DURING THE PAST YEAR \_\_\_\_\_  
\_\_\_\_\_

NATURE OF MATERIALS TO BE SOLD: \_\_\_\_\_

NATURE OF SERVICE BEING OFFERED: \_\_\_\_\_

**DESCRIPTION OF EMPLOYEE:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SEX: MALE/FEMALE COLOR OF HAIR: \_\_\_\_\_ COLOR OF EYES: \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY:

\_\_\_\_\_ CRIME DATE/LOCATION: \_\_\_\_\_  
\_\_\_\_\_ MISDEMEANOR DATE/LOCATION: \_\_\_\_\_  
\_\_\_\_\_ VIOLATION OF MUNICIPAL ORDINANCES DATE/LOCATION: \_\_\_\_\_

PLEASE DESCRIBE THE NATURE OF THE OFFENCE AND THE PENALTY ASSESSED IN ABOVE  
CONVICTION: \_\_\_\_\_  
\_\_\_\_\_

VEHICLE USED IN BUSINESS:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_ COLOR: \_\_\_\_\_  
LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**THIS APPLICATION SHALL BE ACCOMPANIED BY THE FOLLOWING:**

- **CREDENTIALS AND OTHER EVIDENCE OF IDENTITY OF EACH SALES PERSON.**
- **A TWENTY-FIVE DOLLAR (\$25.00) PROCESSING FEE PER APPLICANT.**

**AUTHORIZATION**

I hereby authorize the Town of Wilbur to conduct a background investigation and obtain any and all information they may request concerning my work record. The information will be used for the purpose of determining my eligibility for a peddler permit.

I hereby release you and your organization from any liability which may or could result from furnishing the information requested above or for any subsequent use of such information in determining my qualifications for the permit described.

\_\_\_\_\_  
PRINT Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Driver's License Number

I HAVE REVIEWED THE ABOVE APPLICATION AND INVESTIGATED THE APPLICANT AND HIS/HER COMPANY/FIRM THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_. THE APPLICATION IS: \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED

\_\_\_\_\_  
TOWN STAFF



**TOWN OF WILBUR  
PO BOX 214  
14 NW DIVISION  
WILBUR, WA 99185  
509-647-5821**

**PEDDLERS PERMIT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CORPORATION: \_\_\_\_\_

PRODUCT OR SERVICE SOLD: \_\_\_\_\_

VEHICLE LICENSE NUMBER AND IDENTIFYING DESCRIPTION: \_\_\_\_\_

THE ABOVE PERSON HAS APPLIED FOR AND RECEIVED A PERMIT TO SELL THE PRODUCT OR SERVICES LISTED ABOVE.

APPROVAL TO GO DOOR-TO-DOOR INSIDE WILBUR TOWN LIMITS:

THIS PERMIT EXPIRES 60 DAYS FROM THE DATE OF ISSUANCE.

\_\_\_\_\_  
CLERK/ASSISTANT CLERK

**THIS PERMIT MUST BE ON YOUR PERSON WHILE DOING BUSINESS IN THE TOWN OF WILBUR**

- Peddler photo identification must be carried when peddling.
- Peddler shall not peddle in area marked "No Solicitation" or similar message.
- Peddler shall not peddle between the hours of 9 p.m. and 9 a.m.

Note: A Photocopy reproduction of this request shall for all intents and purposes be as valid as the original. You may retain this for you files, at your request.

**Please present a Photo ID to be photocopied when you return this document.**