



# 2025 Solicitor/Peddler Permit/License Application

FOR OFFICE USE ONLY:	
Permit/License No:	_____
Application Submittal Date:	_____
Total Fee Paid:	_____

SUBMIT VIA: **US MAIL** or **DROP OFF**

**US MAIL:** City of Vancouver Business Licensing  
 PO Box 8995  
 Vancouver WA 98668-8995  
 business.licenses@cityofvancouver.us

**DROP OFF:** City Hall Customer Service  
 415 W 6th St  
 Vancouver WA 98660  
 360-487-8410 option 3

### NONREFUNDABLE FEES PER APPLICATION

**First time: January 1 - December 31**      **\$20.00**  
**Renewal: January 1 through December 31**      **\$70.00**

All persons, both principals and agents, as well as employers and employees, who sell, offer for or expose for sale, or who shall trade, deal or traffic in any personal property or services in the City by going from house to house or from place to place or by indiscriminately approaching individuals must apply individually for a solicitor/peddler permit/ license.

**THIS IS AN APPLICATION ONLY, AND NOT A PERMIT TO CONDUCT BUSINESS.**

INSTRUCTIONS				
INSTRUCTIONS	<ul style="list-style-type: none"> <li>➤ <b>TYPE or PRINT NEATLY and COMPLETE ALL FIELDS. Unreadable or incomplete applications will not be accepted.</b></li> <li>➤ <b>SUBMIT application along with REQUIRED PASSPORT PHOTOS and check for FEE PAYMENT (in same envelope).</b></li> <li>➤ <b>REQUIRED PASSPORT PHOTOS: Two 2" x 2" passport-quality photos of applicant -- must show head and shoulders in clear and distinguishing manner (NO hats or glasses), and be taken within 60 days of application submittal.</b></li> </ul>			
<b>TO BE COMPLETED BY: BUSINESS</b>	Business Name:		Contact Person's Name:	
	Contact Person's Phone No:		Contact Person's Email:	
	Washington State UBI:		Vancouver Business License Expiration Date: <small>(Business must hold active city license before employees solicit in city limits.)</small>	
	Business Street Address:			
	Business Mailing Address: <small>(where licenses will be sent, if not picked up at City Hall)</small>			
	Nature of Business / Goods or Services to be Sold:			
	Business to be conducted: <input type="checkbox"/> Door-to-Door <input type="checkbox"/> Set Location/Address:			
	Will vehicle be used? <input type="checkbox"/> No <input type="checkbox"/> Yes		If Yes → License #:                      Make:                      Model:                      Color:	
<b>TO BE COMPLETED BY: APPLICANT</b>	Applicant's Relationship to Business: <input type="checkbox"/> Employee <input type="checkbox"/> Contractor <input type="checkbox"/> Owner or Principal			
	Applicant's Legal Name:			
	<small>FIRST NAME</small>	<small>MIDDLE NAME</small>	<small>LAST NAME</small>	<small>SUFFIX</small>
	Applicant's Home Address:			
	Applicant's Phone No:		Applicant's Email:	
	Date of Birth:		Driver's License (State & No):	
	Age:	Height:	Weight:	Hair Color:                      Eye Color:
	<b>BACKGROUND CHECK: Your email address is required for city to complete required criminal background check.</b> A city representative will email you a request for personal information needed to complete background check. To comply with background check requirement, you must respond to emailed request within time limit shown in the request.			
	I hereby certify and declare under penalty of perjury under Washington state law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Vancouver Municipal Code in doing business in Vancouver. I understand that any untrue statement is cause for revocation of my permit. I hereby authorize the City of Vancouver to conduct a background investigation and obtain any and all information they may request concerning my criminal record. This information will be used for the purpose of determining my eligibility for a solicitor/peddler permit/license.			
	Applicant's Signature: _____		Date Signed: _____	