



3000 Hunts Point Road  
Hunts Point, Washington 98004-1121  
425.455.1834  
fax 425.454.4586  
www.huntspoint-wa.gov

## APPLICATION FOR PEDDLER'S LICENSE

Date of Application (mm/dd/yy): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Place of Birth (city and state): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Gender: Male  Female

Race: White  Black  Native American   
Asian/Pacific Islander  Other  (please specify): \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches Weight: \_\_\_\_\_ pounds

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Vehicle Registered Owner: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_ Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_

If employed or acting as an agent, the name and address of the employer or principal, together with the principal or employer:

Employer: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

A brief description of the nature of the business and the goods or services to be sold: \_\_\_\_\_

Length of Service with Present Employer: \_\_\_\_\_

List of supervisor within the organization who can verify your employment.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell

A photograph of the applicant, taken within 60 days immediately prior to the date of filing the application, which picture shall be two inches by two inches, showing the head and shoulders of the applicant in a clear and distinguishing manner.

Have you ever been convicted of a crime (including misdemeanors and violations of municipal ordinances)?  
Conviction does not guarantee denial of your application. Yes  No

A statement as to whether or not the applicant has been convicted of any crime within the past 10 years, including misdemeanors or violations of any municipal ordinance, the nature of the offense, and the punishment or penalty assessed therefor;

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list two personal references you have known for three or more years.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Home  Work  Cell

I have truthfully and accurately completed this form, and recognize that the peddler's license issued to me by the Town of Hunts Point is non-transferable. Furthermore, I understand that the \$25.00 application fee is nonrefundable.

I hereby authorize the Medina Police Department to conduct a background investigation and obtain any and all information they may request concerning my work record, military record, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or

privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for a peddler's license.

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 license described.

This form or a copy may be retained in your files, and a photocopy will serve as an original.

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

**FOR OFFICE USE ONLY**

Payment Received On: \_\_\_\_\_ Method of Payment: \_\_\_\_\_

WACIC/NCIC: \_\_\_\_\_ DOL: \_\_\_\_\_

License Plate: \_\_\_\_\_ Watch \_\_\_\_\_

JIS-Link: \_\_\_\_\_ Local RMS: \_\_\_\_\_

Approved  Denied  Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Note for Officers: \_\_\_\_\_

Miscellaneous Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_