

City Clerk's Office  
500 E. Main Street Othello, WA 99344  
(509) 488-5686

**PERMIT APPLICATION FORM**  
**Solicitor-Peddler**

Full Legal Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Physical Residence \_\_\_\_\_  
Street & Number City State Zip Code

Mailing Address: \_\_\_\_\_  
P.O. Box or Street Number City State Zip Code

Previous Address: \_\_\_\_\_  
Street & Number City State Zip Code

Phone #: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_ Length of Service w/Company: \_\_\_\_\_

Nature/Character of goods or services to be offered: \_\_\_\_\_

Parent Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical: \_\_\_\_\_  
Street & Number City State Zip Code

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have a current, Adams County Health, food permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
-If yes, please submit a copy w/ your application. If no, contact Adams County Health Dept. at 331-2031 prior to returning the application.

Please list 2 names & phone numbers of people to contact in the event of an emergency.

- |    | Name: | Phone Number: |
|----|-------|---------------|
| 1. | _____ | _____         |
| 2. | _____ | _____         |

**FEES: -Solicitor Application Fee \$100 (CHECK OR CASH ONLY)**

**Othello Municipal Code:** 4.08.030 Investigation and fee provides for a nonrefundable investigation fee of one hundred dollars shall be paid to the city by each applicant for a solicitor's permit. The fee shall be paid to the city clerk for deposit in the general fund and used to defer the cost of any investigation made of the applicant. If approved, the investigation fee will be considered the fee for the approved permit. **Fingerprinting costs are included in the applicant review fee.**

**SIGNATURE** of Person filling out form: \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Please provide a copy of identification.**

**Permit is NON-TRANSFERABLE and NON-REFUNDABLE**

FOR OFFICE USE ONLY

\_\_\_\_\_ **Police Dept. approves** no disqualifying criminal history and meets all other public safety issues.  
Disapproved: \_\_\_\_\_

\_\_\_\_\_ **City Clerk's Office** has reviewed the completeness and received all necessary documentation.  
Disapproved: \_\_\_\_\_

Date issued: \_\_\_\_\_ Parent Company Bus. Lic. # \_\_\_\_\_