CITY OF TENINO
BUSINESS LICENSE APPLICATION
DOOR-TO-DOOR SOLICITATION
(RESTRICTED LICENSE)

Business Name _____

Business Site Address _____, _____, ___, _____
City St Zip

Mailing Address _____, _____, ___, _____
City St Zip

Business Phone No. (____) _____

Owner _____ Tel. No. (____) _____

Address _____

_____

Type of Ownership: Individual ____ Partnership ____ Corporation ___ Non-Profit ____

Washington State UBI Number _____

Number of Employees Who Will Be Working within City Limits _____

Restrictions:

1. **May only do door-to-door solicitation between the hours of 9:00 a.m. and 7:00 p.m.**
2. **Must have photo ID on the person of each solicitor.**
3. **Honor any signs posted at any location requesting no solicitation.**

I _____ do hereby certify that the above information is true and accurate to the best of my knowledge and agree to abide by the restrictions of this license and Municipal Codes of the City of Tenino.

_____ _____
Signature Date

NOTE: Any missing information may result in denial of a license. Licenses can be picked up at Tenino City Hall 5 business days after complete application is received. Tenino City Hall hours are from 8:00 a.m. to 4:00 p.m., Monday through Thursday.

PLEASE USE BACK OF FORM FOR SOLICITOR INFORMATION

For Office Use Only:
Receipt # _____ ***Date Issued*** _____ ***Business License #*** _____

We will need individual information for each solicitor included on this license so that Identification cards can be issued. Only those individuals with identification cards will be considered licensed. Please print so that we may easily read the names.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

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Name: _____

Name: _____

Name: _____

Name: _____