

CITY OF ALGONA
402 WARDE ST
ALGONA WA 98001
(253) 833-2897

BUSINESS LICENSE
SOLICITOR/CANVASSER/TRANSIENT



Name of applicant _____

Applicant description _____ Date of Birth _____

Address (permanent) _____ (local, if applicable) _____

Nature of business _____

Goods to be sold or services to be rendered _____

Employer name, address, phone _____

Length of time business expected: _____

The place of manufacture or production of goods to be offered for sale, present location of such goods and the proposed method of delivery:

List two (2) references residing in the State of Washington:

1. _____ Phone no. _____

2. _____ Phone no. _____

Please attach the following to the application:

1. Fingerprints of applicant (you can have fingerprints done in the police dept of city hall).
2. A statement as to any convictions of crimes or violations of municipal ordinances during the past five (5) years. Include the date, nature of the offense and any penalties assessed thereof.
3. A statement that a license, if granted, will not be used or represented as an endorsement by the City for solicitations thereunder.
4. A statement of the exact relationship between the applicant and the employer, if applicable.
5. A surety bond in the amount stated by the Algona Municipal Code, section 5.12.040 (\$1,000 as of 9/1996).

I, _____, being first duly sworn in oath, state that I am the above named applicant for a City of Algona Business license, that I have personal knowledge of the matters stated in the foregoing application, and state that, under **PENALTY OF PERJURY**, the statements are true. I further understand that falsification or omissions on the application are grounds for the denial, suspension, or revocation of the license applied for.

FEES:
Per Day \$20.00
Per Week \$40.00
Per Year \$100.00

Applicant's signature

Subscribed and sworn to before me this
_____ day of _____, _____

Notary Public
My Commission expires _____