



**Peddler's License**  
 City of Maple Valley  
 22017 SE Wax Road, Suite 200  
 P.O. Box 320  
 Maple Valley, WA 98038

FOR OFFICIAL USE ONLY	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
License #:	_____
Application Date:	_____

**Application Fee:** New or Renewal \$62.00\*; New after July 1<sup>st</sup> \$37.00\*  
 \* Included is nonrefundable fee of \$12.00 for a criminal history background investigation

**Application:**  New  Renewal  
**Applying as:**  Employee or Agent  Employer  Principal (Each employee must complete a separate license application.)  
**Business will Occur:**  Door-to-Door/Place to Place  On a Parcel of Land  
**Attach to application:** A copy of the applicant's driver's license or other government issued identification, containing a picture of the applicant.

**APPLICATION**

*All applicant's for a peddler license must provide the following.*

<b>Applicants Full Name:</b> <i>(First, Middle, Last)</i>	<b>Home Address:</b>		
<b>Date of Birth:</b>			
<b>Social Security Number:</b>	<b>If employed or acting as an agent, name, address, and phone number of employer or principal:</b>		
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Name:</b>		
<b>Phone Number(s):</b> <i>(Mobile and Home)</i>	<b>Address:</b>		
<b>Nature of business and the good or services to be sold:</b>	<b>Phone Number:</b>		
	<b>Description of relationship with the principal or employer:</b> <i>(employee, contactor, etc.)</i>		
<b>Will a vehicle be used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide vehicle description:	<b>Make:</b>	<b>Model:</b>	<b>Year:</b> <b>License #:</b> <b>State:</b>
<b>Have you been convicted of any crime within the last 10 years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the nature of the offense and the punishment or penalty assessed.			
<b>Are you a registered sex offender?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the jurisdiction in which you are currently registered as a sex offender.			

**EMPLOYER OR PRINCIPAL**

*Any individual, corporation, partnership or other organization which acts as the principal or employer for individual solicitors or peddlers must provide the following in addition to the information required above.*

<b>Legal name of Business entity:</b>	<b>Business Phone Number:</b>
	<b>Business Fax Number:</b>
<b>Business Mailing Address:</b>	<b>Business Street Address:</b> <i>(if different than mailing)</i>
<b>Business Name:</b> <i>(if different than legal entity)</i>	<b>Name of Registered Agent:</b>
<b>State Incorporated:</b>	<b>Registered Agent Address:</b> <i>(if different than mailing)</i>

*(Continued)*

**Corporation, Partnership or Limited Liability Company (if applicable) – If the entity is a Corporation, Partnership or Limited Liability Company list all partners or members names, addresses, and telephone numbers with the authority to act on behalf of the partnership or company: (attach additional page if needed)**

<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>
<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>

**The names, addresses, and phone numbers of all individuals who are employed by or acting as an agent for the above listed entity that will be engaged in peddling activities within the City:** (attach an additional page if needed) (Each individual that will be engaging in peddling activity must complete a separate license application.)

<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>
<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>	<b>Name:</b> <b>Address:</b>  <b>Phone Number:</b>

<b>Manager or supervisor of the above listed peddlers: (if applicable)</b> <b>Name:</b> <b>Address:</b> <b>Home Phone:</b> <b>Business Phone:</b>	<b>List of all other cities, towns and counties you have obtained a peddler's permit or license or similar permit or license within the past two years:</b>
---	---

**Have any of the corporation/partners/organization's officers been convicted of any crime within the last 10 years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance?**  Yes  No  
 If yes, please describe the nature of the offense and the punishment or penalty assessed.

I hereby declare under penalty of perjury, that the statements furnished by me on this application, including any accompanying information, are true, correct and complete.

I hereby declare that I have been provided with a copy of Maple Valley Municipal Code (MVMC) Chapter 5.25.

I also hereby authorize the City of Maple Valley or an independent investigating agency to conduct a background investigation, as described and required by MVMC Chapter 5.25.

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

<b>OFFICE USE ONLY:</b>			
MVMC 5.25 Provided: _____	Date: _____		
City Clerk: _____	Date: _____		
Police: _____	Date: _____	<input type="checkbox"/> WATCH	
Planning: _____	Date: _____	Zoning Designation If applicable: _____	
City Manager: _____	Date: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Credentials Issued: _____	Date: _____	License #: _____	

**PEDDLER LICENSE**  
**SALES PROPOSED TO OCCUR ON A PARCEL OF LAND**

*All sales proposed to occur on a parcel of land located within the City must be upon property zoned CB or NB. No transient sales shall be allowed for more than three consecutive days in any single location and shall occur no more often than four times annually.*

The following must accompany your application for Peddler's License:

1. Full name, address, telephone number and signature of property owner authorizing use of the parcel for transient sales
2. A site plan showing the location of the sale area and indicating the nearest driveway and the nearest fire hydrant and describing the set-up for sales, use of tables to display wares, tents, etc.

Please note: other information may be required by the City to determine ownership of the parcel, the location of sales on the parcel and other issues associated with compliance with the City's land use code and regulations.

**PROPERTY OWNER'S AUTHORIZATION**

I, \_\_\_\_\_, owner(s) of the property located at  
\_\_\_\_\_  
\_\_\_\_\_ (street address),  
\_\_\_\_\_ (telephone number), hereby authorize (business name) \_\_\_\_\_  
to conduct business on my property.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SITE PLAN**

**PEDDLER LICENSE  
AUTHORIZATION FOR CRIMINAL BACKGROUND INVESTIGATION**

I, \_\_\_\_\_, hereby authorize the City of Maple Valley or an independent investigating agency to conduct a criminal background investigation.

It is my intention that any copy of this authorization be as effective as is the original.

**APPLICANT IDENTIFICATION INFORMATION**

Applicant's Legal Name \_\_\_\_\_  
*(please print legibly)* Last First Middle

Alias/Maiden/Other Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_ City State Zip

Date of Birth [MM/DD/YYYY] \_\_\_\_\_ Gender  Male  Female

Race  American Indian or Alaska Native  African American  
 Asian  White, Non-Hispanic  
 Hispanic or Latino  Native Hawaiian or Pacific Islander

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**FOR OFFICE USE ONLY:**

WATCH