



City of Camas
Application for Solicitor's License

616 NE 4th Ave. Camas, WA 98607
(360) 834-2462 Fax: (360) 834-1535

For Office Use Only:
Invest. Officer:
Date Recv'd:
Approved /Disapproved
Date:
Police Chief:

****Please allow 10 working days for investigation****

Business Information

Business Represented:

Type of Business: Employer:

Address: City/State/Zip:

Business Phone: Tax ID Number:

Please write a detailed description of what products or services you will be soliciting and in include the manner in which you intend to solicit these. Attach separate paper if needed:

[Blank lines for detailed description]

Areas you have conducted business within the last six weeks:

[Blank lines for business areas]

Applicant Information

Name: (Last) (First) (Middle Initial)

Date of Birth: / / Place of Birth (City/State):

Physical Address: City/State/Zip:

Mailing Address: City/State/Zip:

Phone: Secondary Phone (cell, work, etc.):

Driver's License: Social Security Number:

Height: Weight: Eye Color: Hair Color:

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinances?

Yes/No (circle one).

If you answered "Yes", please list the nature of the offense and the penalty:

References: (preferable WA State Resident- **DO NOT** use relatives)

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Other evidence of character (may include previous employers, etc.): _____

Applicant Signature: _____ Date: _____

For Office Use Only:

Investigative Fee Collected \$ _____

Collected Date: _____

Receipt #: _____

Received By: _____

For Office Use Only:

License Fee Collected \$ _____

Collected Date: _____

Receipt #: _____

Received By: _____

*There is no investigative fee for renewals