

APPLICATION FOR SOLICITOR & CANVASSER LICENSE

A solicitor or canvasser is defined as any person who goes house to house, or from place to place, in the city of Richland, selling, taking orders for, or offering to sell/take orders for goods or services for present or future deliver, regardless of whether they carry samples or collect advance payments. Applications can be submitted to Customer Service at the above address or emailed to CustomerService@ci.richland.wa.us.

STEP 1: ELIGIBILITY

QUALIFICATIONS:	Qualifications are specified in Richland Municipal Code (RMC) 5.12
REQUIREMENTS:	The license required by RMC 5.12 shall be in addition to any other licenses required by the parent company for which the solicitor represents general law or the ordinances of the city. Solicitor/Canvasser licenses shall be carried at all times by each solicitor for whom issued when soliciting or canvassing in the city, and shall be exhibited by any such solicitor whenever he or she shall be requested to do so by and police officer or any person solicited.
INVESTIGATION:	The Chief or Police (or designee) will investigate your character and business responsibility. If found unsatisfactory, your application will be disapproved, and you will be notified. If satisfactory, the Chief will approve the application, and upon fee payment and bond filing (as required by RMC 5.12), the Finance Director will issue your license.
FEES:	Licenses shall be issued for a period of 30 days at a cost of \$10.00 or 90 days for a cost of \$30.00.
REVOCATION:	A Richland solicitor/canvasser license (RMC 5.12) may be suspended, revoked, or renewal refused by the Finance director for any of the following reasons: Misrepresentation or fraud in the license application or conduct of business; violation of RMC 5.12; criminal conviction involving moral turpitude; or conducting business unlawfully, disruptively, or in a manner that endangers public health, safety, or welfare.
EXCLUSIONS:	A solicitor's license does not apply to insurance salesmen, wholesale/retail salespeople; newspaper carriers; farmers/gardeners selling their own produce; those selling/delivering milk, milk products, or bakery goods produced in Washington State; laundry/dry cleaning services; or members of religious, charitable, health/welfare, political, service, or youth service organizations raising funds for their organization.

CITY OF RICHLAND
CUSTOMER SERVICE

625 Swift Boulevard, MS-10
Richland, WA 99352



STEP 2: APPLICANT & CUSTOMER INFORMATION

Applicant Name (First, Middle, Last): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Contact Email Address: _____

Driver's License or State ID Number: _____

State of Issuance: _____ Expiration: _____

Sex: _____ Male _____ Female Height: _____ft _____in Weight: _____lbs

Race: _____ Hair Color: _____ Visible Scars: _____

STEP 3: BUSINESS INFORMATION

Business Name (Including DBA, if applicable): _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Richland Physical Address (if different than above): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Contact Email Address: _____

Dates of soliciting/canvassing: _____; _____; _____;
(e.g. 4/1/2024-4/30/2024)

Describe nature of business: _____
(In full detail, including goods/services to be sold/performed)

STEP 4: REFERENCES & BACKGROUND INFORMATION

CHARACTER/PROFESSIONAL REFERENCES:

Name (First, Last): _____

Relationship to Applicant: _____

Contact Phone Number: _____

Contact Email Address: _____

Name (First, Last): _____

Relationship to Applicant: _____

Contact Phone Number: _____

Contact Email Address: _____

APPLICANT BACKGROUND:

Have you ever been convicted of a crime, misdemeanor, or violation of municipal code? ____ Yes ____ No

If yes, please explain: _____

STEP 5: ACKNOWLEDGEMENT

By signing below, I am acknowledging all information above is true and accurate to the best of my knowledge. I understand a criminal background check will be completed by the City of Richland. The attached Release and Waiver must be submitted with my application to complete processing. A license will not be issued until successful background results and all fees rendered.

Signature of Applicant: _____

Date: _____

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STEP 6: RELEASE AND WAIVER

Applicant Name (First, Middle, Last): _____

Date of Birth: _____ Social Security Number: _____

Physical address and driver's license/state ID information will be pulled from the attached application and used for background check processing.

AFFIDAVIT

I hereby authorize the City of Richland or other authorized representative of the City of Richland bearing this release, or a copy of it, within one year of its date to obtain any information in their files pertaining to my employment, including but not limited to, documents concerning my credit history, education, academic achievement, attendance, athletics, personal history, military history, work performance, background investigations, polygraph examinations, and all internal affairs investigations and discipline, including any files which are deemed to be confidential and/or sealed.

I hereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the City of Richland and for employment/business purposes only.

Consent is granted for the City of Richland and its designee, to furnish the information described above to third parties while fulfilling their official responsibilities. I hereby release and/or hold harmless the City of Richland and any employer presented with this waiver for furnishing the information as requested for the purposes of considering my application for solicitor or canvasser within the City of Richland. I further understand and agree that I waive any right or opportunity to read or review any information provided during the background investigation to the City of Richland.

I hereby release you, the City of Richland, my current and former employers and any representation of them and any school, college, university, or any other education institution, credit bureau, lending institution, financial institution, consumer reporting agency or retail business establishment, including any of their officers, employees, or related personnel both individually and collectively from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it.

Signature of Applicant: _____ Date: _____
(Sign in Presence of Notary)

NOTARY ACKNOWLEDGEMENT

State of Washington; County of _____)

On _____ before me, _____, a Notary Public, personally appeared _____, who proved to be on the basis of satisfactory evidence or personally known to me to be the person whose name is subscribed to within the instrument and appeared before me.

Printed Name of Notary: _____ (Seal)

Signature of Notary _____ My Commission Expires: _____

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CITY OF RICHLAND USE ONLY:

Date Application Received: _____

Entered by: _____

Police Department Approved:

____ Yes ____ No

Fee Due:

\$ _____

Solicitor License #:

Customer Contacted: Date: _____ Contact Method: _____ CSR Initials: _____

 Date: _____ Contact Method: _____ CSR Initials: _____

 Date: _____ Contact Method: _____ CSR Initials: _____

Additional Notes: _____

Date(s) Fee(s) Paid: _____

Date License Picked Up: _____

Picked Up By: _____ ID #: _____