

INDIVIDUAL PEDDLER INFORMATION FORM

200 NE Moe Street
Poulsbo, Washington 98370-7347
(360) 394-9880

Name of Principal Peddlers License Holder		
The Following Information Must Be Completed For Each Peddler		
Name (first, middle initial, last)		
Physical Address (address, city, state, zip code)		
Mailing Address (address, city, state, zip code)		
Telephone (include area code)	Cell Phone (include area code)	Email
List each name and address used by this individual during the past two (2) years		
Driver's License # and State in Which Issued	Date of Birth	
Weight	Height	
Hair Color	Eye Color	
Distinguishing Marks		
Type of Product or Services		
Has individual been convicted of a crime during the past ten (10) years?		
Yes/No		
If Yes, Describe Fully		
A Signature Is Required To Process The Application		
I hereby certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.		
_____		_____
Signature of Individual		Date