



**City of Cheney**  
**Solicitor/Peddler License Application**  
 609 2<sup>nd</sup> Street, Cheney, WA 99004

License No: \_\_\_\_\_

Type of License (Mark Only One):

<input type="checkbox"/> Peddler	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Street Vendor	<input type="checkbox"/> Master Solicitor
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Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

WA State UBI #: \_\_\_\_\_

Goods to be sold/service to be provided: \_\_\_\_\_

**Street Vendors**

Location or area of set up: \_\_\_\_\_

Type & size of vending unit: \_\_\_\_\_

Please list all individuals that will be soliciting or peddling in the City of Cheney

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City State Zip Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City State Zip Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_

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<b>Fee Calculation:</b>	Peddlers License	\$50.00	
	Solicitors License	\$75.00	
	Street Vendor	\$50.00	
	Master Solicitor + \$75.00 per individual	\$250.00	

I certify that all of the information provided on this form is true and correct to the best of my knowledge.

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

<i>Office Use Only:</i>		
<i>Date Received:</i> _____	<i>Received By:</i> _____	<i>Receipt #:</i> _____
<i>Approved by:</i> _____	<i>Date:</i> _____	