



CITY OF NEWCASTLE

12835 NEWCASTLE WAY STE 200  
NEWCASTLE, WA 98056

T: 425-649-4444  
F: 425-649-4363

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## SOLICITOR PERMIT APPLICATION

Persons, firms or corporations engaging in business within the city limits are required to obtain a city business license before commencing operations. Businesses may apply online at Washington Business Licensing Service at <http://business.wa.gov/BLS>.

A temporary use permit is required for soliciting from a fixed location within certain zoning designations pursuant to NMC 18.32.100. City staff will notify you if this permit is required.

All solicitor permits expire six months after the issue date.

APPLICATION DATE: \_\_\_\_\_ REQUESTED START DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

NAME OF CONTACT FOR PRINCIPAL APPLICANT: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

CONTACT EMAIL ADDRESS: \_\_\_\_\_

NEWCASTLE BUSINESS LICENSE (UBI) #: \_\_\_\_\_

*\*This application is not a license to conduct business.*

DESCRIPTION OF BUSINESS TYPE, SERVICES PROVIDED AND/OR PRODUCTS SOLD:

PROPOSED METHOD OF OPERATION:

Will vehicle be used: Yes \_\_\_\_\_ No \_\_\_\_\_ License Number(s) \_\_\_\_\_

VEHICLE DESCRIPTION INCLUDING MAKE, MODEL AND COLOR

If at a fixed location, has the property owner provided consent: Yes \_\_\_\_\_ No \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER PHONE/EMAIL: \_\_\_\_\_

**NAMES OF ALL PERSONS SOLICITING DURING THE PERMIT PERIOD:** (Each person must provide a valid driver's license or state photo identification card and receive a background check)

NAME	HOME ADDRESS	PHONE #

