



**Peddler's Permit**  
 Permit Services  
 City of Covington  
 16720 SE 271<sup>st</sup> Street, Suite 100  
 Covington, Washington 98042  
 Phone: (253) 480-2400  
 Fax: (253) 480-2401

**FOR OFFICE USE ONLY:**  
**Peddler's Permit No.:** \_\_\_\_\_  
**Application Date:** \_\_\_\_\_

All persons, both principals and agents, as well as employers and employees, who sell, offer for or expose for sale, or who shall trade, deal or traffic in any personal property or services in the City by going from house to house or from place to place or by indiscriminately approaching individuals must apply individually for a peddler's permit.

**Application Fee \$140.00** Two 2"x2" head & shoulders photos taken within 60 days of application must be attached.  
**Applying as:**  Employee  Employer  Principal (Each Employee Must Complete Separate Permit Applications.)

**THIS IS AN APPLICATION ONLY, AND NOT A PERMIT TO CONDUCT BUSINESS.**

Business Name:	Home Address:		
Applicants Name:	Date of Birth:		
First Middle Last	All Correspondence will be mailed to this address.		
Social Security #:	Business Address:		
Drivers License #:	Description of Nature of Business:		
Business Phone: Home Phone:	Covington Business License Number: Washington State Dept of Revenue No.:		
Height: Weight: Age: Hair Color: Eye Color:	Goods or Services to be Sold:		
Indicate ownership status: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	Business will be conducted: <input type="checkbox"/> Door-to-door <input type="checkbox"/> Other _____ <input type="checkbox"/> Set Location/Address: _____		
<b>All sales to occur on a parcel of land must be upon property zoned CR, CD or CN and a peddler's site plan/authorization must accompany the application.</b>			
If employed or acting as an agent, the name, address and phone number of the employer(s) or principal(s) with the exact relationship with the principal or employer:			
<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship to Applicant</u>
(Each employer and/or principal must also apply separately and complete supplemental form.)			
Will a vehicle be used? <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>If Yes</b> →	License #:	Make: Model: Color:
Has applicant (includes application by employer and/or principal) been convicted of any crime within the last ten years, including misdemeanors, gross misdemeanors, or violations of any municipal ordinance? · No · Yes, if yes list the nature of the offense, and the punishment or penalty assessed.			
I hereby certify and declare under penalty of perjury under Washington law that the statements furnished by me on this application are true and complete to the best of my knowledge and that I will comply with the provisions of the Covington Municipal Code in doing business in Covington. I understand that any untrue statement is cause for revocation of my permit.			
Signature _____		Date _____	

**OFFICE USE ONLY:**  
**Planning:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Zoning Designation If applicable:** \_\_\_\_\_  
**Police:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Fireworks: Copy of State Fire Marshal's Permit:** \_\_\_\_\_ **Certificate of Insurance:** \_\_\_\_\_  
**Site Plan:** \_\_\_\_\_ **Copy of Lease Agreement With Property Owner:** \_\_\_\_\_

# PEDDLER'S PERMIT PROPERTY OWNER'S AUTHORIZATION

I, \_\_\_\_\_, owner of the property located at \_\_\_\_\_ hereby authorize \_\_\_\_\_ to conduct business on my property.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

STATE OF WASHINGTON )  
: ss.  
COUNTY OF \_\_\_\_\_)

On this day personally appeared before me and \_\_\_\_\_, known to be the \_\_\_\_\_ and \_\_\_\_\_ respectively, of \_\_\_\_\_ the corporation/partnership/company/agency that executed the foregoing instrument, and acknowledged the said instrument to be the free and voluntary act and deed of said \_\_\_\_\_, for the uses and purposes therein mentioned, and on oath stated that he/she/they was/were authorized to execute said instrument.

GIVEN under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Washington \_\_\_\_\_  
Notary Public in and for the State of  
residing at: \_\_\_\_\_.  
My appointment expires: \_\_\_\_\_.

