



Washington State Department of Agriculture  
 Food Safety and Consumer Services  
 PO Box 42591 • Olympia, WA 98504-2591

# APPLICATION FOR DIRECT SELLER LICENSE

## NEW LICENSE

LICENSE EXPIRATION DATE: DECEMBER 31st

CASHIER USE ONLY	
AMOUNT	_____
CASHIER	_____
ISSUED	_____
LICENSE NO.	_____
	<b>4109</b>

APPLICANT NAME AND MAILING ADDRESS		INTERIM STORAGE LOCATION	
BUSINESS LOCATION ADDRESS (RECORDS)			
<input type="checkbox"/> OWNER <input type="checkbox"/> MANAGER NAME (Type or Print)		COUNTY	
EMAIL ADDRESS		TELEPHONE NUMBER	

Firm operates as:     Individual     Partnership     Cooperative     Corporation

List name and address of all partners and/or officers below:

NAME	TITLE	ADDRESS (Include city, state, zip code)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If firm is out of state, provide name and address of individual residing in Washington State who is authorized to receive and accept service or summons and legal notice.

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

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

LICENSE FEE
<p>The fee for this annual license is \$5,400.00.</p> <p><input type="checkbox"/> I am remitting the \$5,400.00 license fee.</p>
<p><b>Attachment 1:</b> Please attach a separate document listing the names and address of drop locations along with the date and time of drops.</p>
<p><b>Attachment 2:</b> Please attach a separate document listing information of all leased or owned vehicles.</p>

APPLICANT STATEMENT
<p>I certify that the above information is correct.</p>
<p>Signature of Applicant: _____</p>
<p>Title: _____</p>
<p>Date: _____</p>
<p>Total License Fee Remittance: \$ _____</p>
<p style="text-align: center;"><b>NO REFUNDS after ten (10) business days</b></p>
<p style="text-align: center;"><b>Checks returned by the bank will be charge a handling fee of \$25.00. (RCW 62A.3.515(a) and 62A.3.520)</b></p>