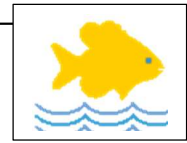


# PEDDLER APPLICATION

Background Investigation Fee: \$135 (New) \$100 (Renewal)  
 License Fee \$95 – Photo Identification Card Fee \$14  
 License Term: One year from date of issuance

City of Sunfish Lake  
 cwilcoxclerk@gmail.com



Name ( <i>first, middle, last</i> ):	
Permanent Home Address:	Primary Phone:
_____ <i>House Number Street</i>	Alternate Phone:
_____ <i>City State Zip</i>	
Temporary Address:	Email:
_____ <i>House Number Street</i>	
_____ <i>City State Zip</i>	
Physical Description:	
Hair Color	Eye Color
Height	Weight
Vehicle Information:	
Make/Model	Color
License Plate Number	State
Employer Information: ( <i>Company &amp; Full Address</i> )	Employer Phone Number:
_____ _____ _____	Supervisor Phone Number:
Supervisor's Name:	Supervisor's Email:
Employer's Minnesota Tax Identification Number:	
Goods and/or services to be sold:	
Proposed times and days of week for soliciting: <b>Note: peddling is prohibited from 9 p.m. to 8 a.m.</b>	
Have you been arrested or convicted within the last five years for any violation of any state or federal statute or any local ordinance, other than traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No  **If yes, provide <u>for each violation</u> the offense, the date of the offense, the disposition of the offense, the date of the disposition of the offense, and the city, county, and state in which the offense occurred: ( <i>Attach additional pages, if necessary.</i> )	

Have you had a license for solicitation, peddling, or transient merchant from any other municipality and/or county revoked in the last five years?  Yes  No

\*\*If yes, when and where?

Have you or your company been the subject of any complaint filed with any municipality, Better Business Bureau, attorney general office or other agency?  Yes  No

\*\*If yes, provide the date and location of the complaint and the agency within which the complaint was filed:

If you have been licensed as a solicitor/peddler/transient merchant by other municipalities, list the three most recent cities/counties from which you have received a license:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Tennessee Warning

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Sunfish Lake (the City) during the application process.

Any information about yourself that you provide to the City during the permit application process will be used to identify you as an applicant and to assess your eligibility to receive the permit for which you applied. If you wish to be considered for a permit, you are required to provide the information requested on the permit application. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

I have read and agree to all ordinances associated with this Solicitor/Peddler Permit. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

### FOR OFFICE USE ONLY

Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Date background check completed: \_\_\_\_\_ Investigating Officer & Badge \_\_\_\_\_

Conclusion: \_\_\_\_\_ #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION  
FOR BACKGROUND CHECKS**

*A photocopy/email of this authorization is valid as original. Must include Color copy of the Front & Back of ID.*

Name: \_\_\_\_\_ Other names used (if any) \_\_\_\_\_

\_\_\_\_\_  
*First Middle Last*

Date of Birth: \_\_\_\_\_  
*Day/Month/Year*

\_\_\_\_\_  
Drivers' License Number State Issued

With my permission, the West St. Paul Police Department may disclose to the Sunfish Lake City Clerk, Mayor, and City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that my records are subject to the State of Minnesota's Data Practices Act and become public documents unless otherwise provided for by State or Federal Law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature must be notarized

\_\_\_\_\_  
*Signature of person authorizing release (Applicant)*

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)