

City of Rogers 22350 South Diamond Lake Road Rogers, Minnesota 55374 Phone: 763-428-2253 Fax: 763-428-4470 www.rogersmn.gov

## SOLICITORS PERMIT APPLICATION

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State Law or City Ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license.

Name of Applicant:					
Aliases or Maiden Name/s:					
Date of Birth:	Place of Birth:				
Driver's License # (Include state if n	not MN)				
Applicant Phone Number:					
Physical Appearance: Sex:	Ht:	Wgt:	Eyes:	Hair:	
Permanent Address:					
Local Address:					
Have you ever been convicted of a fa If yes, state jurisdiction, type of viol	elony, gross misc	demeanor, or misden	neanor? YES / No	0	
	Phone:				
Address:					
	Phone Number:				
Source of Goods Supplied:					
Goods to be Sold:					
Method of Delivery of Goods:					
Dates and Hours of the day in which	the activity will	be done:			

Other cities where applicant conducted similar business immediately preceding the date of application and the address from which such business was conducted in those municipalities:

Hennepin County Peddler's License #

If acceptable, applicant must provide proof of appropriate permission to operate on proposed site and a copy of the firm or individual's sales tax permit that must be posted at the site.

Motor vehicle to be used in connection with the proposed activity:

Make	Model
Year	Color

License Plate Number \_\_\_\_\_ State of Registration: \_\_\_\_\_

## I HEREBY AUTHORIZE THE CITY OF ROGERS TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORATION.

## I AGREE TO OPERATE SUCH BUSINESS IN ACCORDANCE WITH THE LAW OF MINNESOTA AND THE ORDINANCES OF THE CITY OF ROGERS. THE FORGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature Date:

Applications must include:

1) Two colored photographs of applicant (2x2)

2) Cash or Check to the City of Rogers for \$50.00 per person and \$20.00 per Business

- Each individual shall be separately licensed or certified when more than one individual is involved in a sales or solicitation activity
- No license shall be issued by the City unless all information has been provided by the applicant or sufficient reason has been given for failure to provide it
- Enforcement of the provisions of this permit shall be in accordance with applicable city codes. Violations of this permit shall be grounds for the immediate stoppage of the event or activity and for denial of future permit applications.
- All registrations shall be valid for the calendar year expiring on December 31 after their issue date.

FOR OFFICE USE ONLY: HAS BEEN APPROVED: YES / NO

SIGNATURE OF CHIEF OF POLICE/DESIGNEE

## **Background Investigation Consent Release Information to be Used for Business License Processing**

As a license applicant, I hereby authorize the Rogers Police Department Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Rogers, the Rogers Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name:	Type of License Applied for		
Applicant: First	Full Middle	Last	
List All Aliases/Previous Last Names:			
Date of Birth:	-		
These statements are true, correct, and are made False disclosures are subject to perjury proceed authorization shall be for a period no longer the	dings and forfeiture of the licen	se application. The expiration of this	
Applicant Signature:		Date:	
Subscribed and sworn to before me this	day of	20	
Notary:			
Signature:			
My commission expires:		Notary stamp here	