



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 not MN) _____

Applicant Phone Number: _____

Physical Appearance: Sex: _____ Ht: _____ Wgt: _____ Eyes: _____ Hair: _____

Permanent Address: _____

Local Address: _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? **YES / NO**
If yes, state jurisdiction, type of violation, and disposition: _____

Company Name: _____ Phone: _____

Address: _____

Supervisor's name: _____ 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:

