



CITY OF SAUK RAPIDS

**APPLICATION FOR
PEDDLERS, SOLICITORS, CANVASSERS AND/OR TRANSIENT MERCHANTS**

Fee: \$55.00 plus \$15.00 for each Background Check

1. Name of Applicant: _____

2. Organization: _____

3. Is the Organization Not for Profit?: **YES** **NO**

**4. Address of
Organization:** _____

5. Phone: _____ **6. Fax:** _____

7. Nature of Business/Organization: _____

8. Names of: All Managers/Over Seers of each booth/temporary structure (if Transient Merchant). Include Copy of Certificate of Liability Insurance with application.

OR

Peddlers, Solicitors, Canvassers that will be conducting business in this municipality

(Print First and Last Name use the back if necessary)

9. Dates of business and exact location where business will be conducted in this municipality: _____

**10. Hours Of
Operation:** _____

11. Type of business and source from whom you receive supplies: _____

12. The last three communities where you or your organization carried out business proceeding the date of this application and the address of which the business was conducted.

13. Has any other municipality revoked or refused to grant you or your organization a license or permit for peddling/soliciting to your organization? If so give name of municipality and details:

14. Have you or any others listed in Line 8 been convicted in the last five years of any crime, misdemeanor, or violation of any municipal ordinance (other than traffic violations). Please stated name of person and details:

The undersigned applicant certifies that the information supplied is true and correct and agrees that the license may be revoked if residents complain about Nuisances caused in the city due to your business.

Applicant

Date

Land Owner Signature—If Applicable For
Transient Merchant Permit

Date

Office Use:

Community Development Department:

Police:

Fire Marshal:

Public Works:

Approved _____

Date _____

GENERAL AUTHORIZATION RELEASE AND POLICE BACKGROUND CHECK

I, _____, hereby authorize and grant my informed consent to permit you, the City of Sauk Rapids, to release to and make available to the Sauk Rapids Police Department and/or it's agents and/or representatives data classified as private which concerns me and which may be in your possession. I further authorize the Sauk Rapids Police Department to release and make available to the City of Sauk Rapids and/or it's agents and/or representatives data classified as private presently in its possession and/or obtained through a criminal background check.

The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd, 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives; and has been collected by the Sauk Rapids Police Department and other criminal justice agencies during the course of their operations. The information authorized to be released includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency; and all data which has been collected, created, received, retained or disseminated in whatever form by the Sauk Rapids Police Department.

I understand that I am not legally required to authorize the release of this data, however, failure to do so is grounds for denial of License Application.

I understand that the purpose of permitting the City of Sauk Rapids and the Sauk Rapids Police Department to have access to this information is to conduct a criminal background check in furtherance of the City's effort to determine my suitability as a License Holder.

The information I provide may be shared with the staff and/or representatives of the City of Sauk Rapids, Sauk Rapids Police Department and persons who require this information to fulfill specifically related responsibilities of their positions.

I further agree to release, indemnify, and hold harmless the City of Sauk Rapids, or any entity, their employees, agents or officers from any claims or causes of action, present or future, which may arise as a result of releasing any information about myself.

**(PLEASE PRINT) **ENTIRE FORM MUST BE COMPLETED OR APPLICATION
WILL NOT BE ACCEPTED**

NAME:	Full First	Full Middle	Full Last
TITLE:			MAIDEN NAME:
DATE OF BIRTH:			SS NUMBER:
CURRENT ADDRESS:			
PREVIOUS ADDRESSES:			
SIGNATURE:		DATE:	
DRIVER'S LICENSE NUMBER & STATE ISSUED			

Office Use Only:

RECOMMENDATIONS:

Signature:

Title:

Date: