

SOLICITOR/PEDDLER/ TRANSIENT MERCHANT PERMIT APPLICATION

Non-Refundable Background Investigation Fee: \$100
License Term: One year from date of issuance



EAGAN

3830 Pilot Knob Road Eagan, MN 55122
Licensing: (651) 675-5000
cityclerk@cityofeagan.com

Name <i>(first, middle, last):</i>				
Permanent Home Address:		Primary Phone:		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>House Number</i> <i>Street</i>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>City</i> <i>State</i> <i>Zip</i>		Alternate Phone:		
Temporary Address:		Email:		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>House Number</i> <i>Street</i>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <i>City</i> <i>State</i> <i>Zip</i>		<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>		
Physical Description:				
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>				
<i>Hair Color</i>		<i>Eye Color</i>	<i>Height</i>	<i>Weight</i>
Vehicle Information:				
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>				
<i>Make/Model</i>		<i>Color</i>	<i>License Plate Number</i>	<i>State</i>
Employer Information: <i>(Company & Full Address)</i>		Employer Phone Number:		
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>		Supervisor Phone Number:		
Supervisor's Name:		Supervisor's Email:		
Goods and/or services to be sold:				
Proposed times and days of week for soliciting: <i>Note: soliciting is prohibited from 8 p.m. to 8 a.m.</i>				
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? Yes No				
<i>**If yes, provide for each violation 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: (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				
<i>**If yes, when and where?</i>				

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.

You may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for an email update on the City's website at www.cityofeagan.com/subscribe.

Tennessee Warning

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Eagan (the City) during the permit 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: _____ #: _____



EAGAN

CITY OF EAGAN
3830 Pilot Knob Road
Eagan, MN 55122

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

The Eagan City Code addresses the requirements for background investigations as follows:

- Chapter 5.02 - liquor license applications.
- Chapter 6.02 - solicitor/peddler/transient merchant applications.
- Chapter 6.34 - tobacco license applications.
- Chapter 6.39 - massage therapy establishments and massage therapists.
- Chapter 6.35 - premise permits for pull-tabs

With my permission, the Eagan Police Department may disclose to the Eagan City Administrator, City Clerk, Deputy City Clerk, 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)