



\$50 Permit Fee   
Photo of Applicant/s

## PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS LICENSE APPLICATION

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
*Street City State Zip*
2. Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. E-mail Address \_\_\_\_\_
4. Have you ever been denied a solicitor, peddler, or transient merchant permit? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when and where? \_\_\_\_\_

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
*Street City State Zip*
2. Phone \_\_\_\_\_
3. Type of business to be conducted or product or services to be sold: \_\_\_\_\_
4. Date of proposed business operation: From \_\_\_\_\_ To \_\_\_\_\_  
**Daily Hours for Soliciting: 9:00 AM until 9:00 PM**
5. List any cities that have issued permits to you in the last 12 months:

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

1. Please provide the following information for any vehicles to be used:

Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_  
Make \_\_\_\_\_ Year \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

**Section 4: Consent for Release of Information**

I authorize the Scott County Sheriff's Office to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Spring Lake Township Clerk, Deputy Clerk, Treasurer, and the Board of Supervisors.. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the Scott County Sheriff's Office to the Spring Lake Township Clerk, Deputy Clerk, Treasurer and Board of Supervisors.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the Township of Spring Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print) \_\_\_\_\_  
(First) (Full Middle) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number \_\_\_\_\_

Please list any other names you are or have been known by:

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

Sex:  Male  Female

Race:  White/Caucasian  African American  Hispanic  Asian  \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only	
CH	
BBB	
CLEAR	
AG	
Approved	
License Fee	