



4646 Dakota Street SE
Prior Lake, MN 55372

PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS LICENSE APPLICATION

Section 1: Applicant Information

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? _____

Section 2: Business/Organization Information

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:

Section 3: Vehicle Information

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 City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. 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 City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

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 City of Prior 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 and 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	