

## PEDDLER & SOLICITOR LICENSE APPLICATION

## GENERAL INFORMATION

Applicant Name			_	<u>(</u> Phone	)		( Cell Ph	) none
ippiiodiii italii				, ,, <del>e</del> c				10110
Home Street Address			_	City, St	tate, Zip			
 Social Security Number	<u> </u>	/ Date of Birth	/	_	Driver's	s License	e Numbe	er State
(ft/in)		(lbs)				<b>, _</b> , _ ,	, , ,	J
Height	Weight		Eye Co	olor		Hair Co	olor	
Vehicle Make		Vehicle Model		_	Color		_	License Number
List 3 cities applicant co	onducted l	business in:						
	В	USINESS &	DPOD.	цст і	ÆΩDM	LATION	L_	
			PROD					
							(	)
Business/Organization	Name		Superv	risor/Oth	er	_	<u>(</u> Phone	)
			Superv			_	_( Phone	)
			Superv		er tate, Zip	_	_( Phone	)
Business Street Addres	ss		_	City, St	tate, Zip	_		)
Business Street Addres	ss		_	City, St	tate, Zip	_		
Business Street Addres	ss		_	City, St	tate, Zip	-		
Business Street Addres Type(s) of Product(s)/Se	ss Service(s):		_	City, St	tate, Zip	-		
Business/Organization Business Street Addres Type(s) of Product(s)/S Delivery Method: Selling Dates:	ss Service(s):			City, St	tate, Zip			
Business Street Addres Type(s) of Product(s)/So Delivery Method: Selling Dates:	ss Service(s):			City, St	tate, Zip			
Business Street Addres  Type(s) of Product(s)/Se  Delivery Method:  Selling Dates:	ss Service(s):			City, St	tate, Zip			
Business Street Addres  Type(s) of Product(s)/Se  Delivery Method:  Selling Dates:	ss Service(s):			City, St	tate, Zip f Week:	es: <b>M-F</b> 9	9-8, Sat	
Business Street Addres  Type(s) of Product(s)/So	ss Service(s):			City, St	tate, Zip f Week:	es: <b>M-F</b> 9	9-8, Sat	
Business Street Addres  Type(s) of Product(s)/Se  Delivery Method:  Selling Dates:	SS Service(s):	ACKGROUN	ND CHI	Days o _Allow an petty	f Week:	es: M-F S	9-8, Sat	

## **AUTHORIZATION**

THE STATEMENT	BELOW MUST BE SIGNED BY THE APPLIC	CANT						
I hereby authorize the City of Independence and West Hennepin Public Safety to have access to all sources of information that may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if asked to provide that information.								
I agree to operate such business in ac City of Independence. The foregoing s belief.	ccordance with the laws of Minnesota and statements are true and correct to the best	the ordinances of the t of my knowledge and						
Date of Application	Signature of Applicant							
ITEMS	TO SUBMIT WITH APPLICATION							
Photocopy of driver's licen	lishing relationship with company. nse, state ID card or passport. Must be a gove ck or cash only. <i>(Check payable to "City of Ind</i>							
	NOTICE TO APPLICANT							
Each applicant will need to	s all applications as soon as possible; 5 busing o submit his/her own application and pay all a an identification badge. Badges must be worn eyear from date of issue.	pplicable fees.						
The following	ng section to be completed by City Staff:							
Date Referred to Director of Public Safet Reason for Denial:	_ Recommendation of Director ty ☐ Approved ☐	Denied						
Date of Approval/Denial	Signature of Director of Public Safety	у						
Date license issued License Fee: \$100	Signature of City Official  Fees Collected: Fees Collected By:	Date						