

City of Independence Solicitor Application

GENERAL INFORMATION

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Applicant Name		_	<u>(</u> Phone)	() Cell Phone			
Home Street Address		_	City, S	tate, Zip					
Social Security Number	/ Date of Birth	/	_	Driver's	s License I	Number	State		
<u>(ft/in)</u> Height Weight	<u>(lbs)</u>	Eye Co	olor		Hair Colo	or			
Vehicle Make	Vehicle Model		_	Color		Lice	ense Number		
List 3 cities applicant conducted	business in:								
3	SUSINESS &	PROD	UCT IN	IFORM	IATION				
						()		\equiv	
Business/Organization Name		Superv	risor/Oth	er	– F	Phone			
Business Street Address		_	City, S	tate, Zip					
Type(s) of product(s)/service(s):									
Delivery method:									
Selling Dates:	Days of Week:								
Selling Times:	Allowed Times: M-F 9-8, Sat 9-5								
	BACKGROUN	ID CH	ECK IN	IFORM	ATION				
Have you ever been convicted of any crime (other than petty traffic violations)? Yes No If Yes, please explain:									
Have you ever applied for and license and had it suspended If Yes, please explain:		hin the p	oast thr	ee years	s? 🗌 Y	′es 🗌 I	nt merchant No		

AUTHORIZATION

THE STATEMENT BELOW MUST BE SIGNED BY THE APPLICANT							
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.							
	in accordance with the laws of Minnesota and the ordinances of the ing statements are true and correct to the best of my knowledge and						
Date of application	Signature of applicant						
ITEN	MS TO SUBMIT WITH APPLICATION						
Photocopy of driver's Non-refundable fee.	stablishing relationship with company. license, state ID card or passport. Must be a government issued ID. Check or cash only. itv of Independence.")						
	NOTICE TO APPLICANT						
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☐ Each applicant will ne ☐ All applicants will recein the City.	cess all applications as soon as possible; 5 business days may be required ed to submit his/her own application and pay all applicable fees. Sive an identification badge. Badges must be worn at all times while working one year from date of issue.						
	Pacammandation of Director of Public Safaty						
Date referred to Director of Public S	Recommendation of Director of Public Safety Approved Denied						
Reason for denial:							
Date of approval/denial	Signature of Director of Public Safety						
Date license issued	Signature of City Official Date						
License Fee: \$100	Fees Collected:						