



CITY OF CHANHASSEN
7700 MARKET BLVD., P.O. BOX 147
CHANHASSEN, MN 55317
(PHONE) 952-227-1183 (FAX) 952-227-1190

Date _____

SOLICITOR LICENSE APPLICATION

FEES: SOLICITOR'S: \$25.00 deposit required for each person's photo I.D. solicitor badge. TRANSIENT AND PEDDLER'S: \$25.00 required for each person's photo I.D. solicitor badge. The deposit will be refunded if the badge is returned within 10 days of the expiration date.

Name of Organization Soliciting: _____

Applicant Name: _____ Date of Birth _____
(first) (middle) (last)

Applicant's Home Address: _____
(city) (state) (zip)

Business Address: _____
(city) (state) (zip)

Business Phone: _____ Home Phone: _____

Driver's License or State I.D. Card Number: _____ State: _____

List Vehicles To Be Used When Soliciting:

| | | | | | |
|-------------|--------|---------|-------------|--------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| (lic plate) | (make) | (model) | (lic plate) | (make) | (model) |
| _____ | _____ | _____ | _____ | _____ | _____ |
| (lic plate) | (make) | (model) | (lic plate) | (make) | (model) |
| _____ | _____ | _____ | _____ | _____ | _____ |
| (lic plate) | (make) | (model) | (lic plate) | (make) | (model) |

*Attach additional vehicle information if necessary

List Employer or Supplier and Directors of Organization:

| | | | | |
|-------------|---------|----------|---------------|--------------|
| NAME: _____ | _____ | _____ | _____ | _____ |
| (last) | (first) | (middle) | date of birth | full address |
| _____ | _____ | _____ | _____ | _____ |
| (last) | (first) | (middle) | date of birth | full address |
| _____ | _____ | _____ | _____ | _____ |
| (last) | (first) | (middle) | date of birth | full address |
| _____ | _____ | _____ | _____ | _____ |
| (last) | (first) | (middle) | date of birth | full address |

List Individuals that will be Soliciting:

NAME:

(last) (first) (middle) date of birth full address

(last) (first) (middle) date of birth full address

(last) (first) (middle) date of birth full address

last) (first) (middle) date of birth full address

(last) (first) (middle) date of birth full address

*attach additional names if necessary

Your Organization will be Soliciting On:

Date(s)

Times (No Soliciting 8:00 PM– 9:00 AM)

Describe the nature of business and goods to be sold: _____

References:

List two references that will attest as to the applicant's good character and business responsibility:

1. _____
last first middle full address

2. _____
Last first middle full address

Last cities where applicant has previously conducted business:

1. _____
Name of Municipality & State

Address from which business was conducted

2. _____
Name of Municipality & State

Address from which business was conducted

****THIS FORM IS TO BE COMPLETED BY EACH PERSON SOLICITING****

DATA PRACTICES ADVISORY TENNESSEN WARNING

This warning is pursuant to Minnesota Statutes.

Please be advised that as part of your application with the City of Chanhassen, a background check on the applicant will be conducted by the Chanhassen Law Enforcement Department. This check will involve a computerized criminal history check through the State of Minnesota to insure there are no felony or gross misdemeanor convictions, a warrant check to insure there are no warrants for arrest, and a driver's license check.

You are being asked to comply with this request as part of your application. You are not required by law to comply with this request. The data you are being asked to provide is defined under the Minnesota Government Data Practices Act. Under the Data Practices Act, some of this data is classified public data, and the remaining information is classified as private data or confidential. As a result of the classifications of this data, information will not be released to any person other than those public officers and agencies who have a need to know such information in order to participate in the investigation. The purpose and intended use of the information provided to the Law Enforcement Department is to assist them in completing the investigation. This data, when supplied, will become public. Public data is data which is available to any person upon request.

This release for information and the data you provide may be conveyed to third parties. This will be disclosed only to the extent that is necessary to complete the investigation properly.

I have read and understand the above, and give my consent for the Chanhassen Law Enforcement Department to make the above checks into my background.

DATE: _____ SIGNATURE: _____

FULL NAME: _____
(LAST) (FIRST) (MIDDLE) (DATE OF BIRTH)

PRESENT ADDRESS: _____
(city) (state) (zip)

DRIVER'S LICENSE NUMBER: _____
(STATE)

SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FELONY, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE, OTHER THAN A TRAFFIC VIOLATION?

YES _____ NO _____

IF YES, OFFENSE, DATE & DISPOSITION: _____

It is the responsibility of anyone conducting business activity as a peddler, solicitor or transient merchant as defined and regulated by local and state laws, to know the regulations, including, but not limited to:

- That such activity may be prohibited by placard. That if a residence or business displays a sign stating “Peddlers and Solicitors Prohibited”, it is a criminal offense to conduct such activity there;
- That if a sign reading “Depositions of Handbills, Circulars, Advertising Material Prohibited” is displayed at a residence or business, that is a criminal offense to leave such material there;
- That no such activity may occur between the hours of 8:00 PM and 9:00 AM;
- That each person conducting such activity must have in their possession an original signed permit;
- That this permit is only good for this calendar year.

A complete copy of the ordinance is available upon request.

Applicant’s Signature

Date

APPROVED: _____ DISAPPROVED: _____

DATE: _____

LAW ENFORCEMENT OFFICER

CITY MANAGER



CITY OF CHANHASSEN

Chanhassen is a Community for Life - Providing for Today and Planning for Tomorrow

CRIMINAL HISTORY BACKGROUND INVESTIGATION FORM

Date: _____

The following named individual has made application with this agency for employment or a solicitor license.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Driver's License #: _____
(State)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information; I authorize the Carver County Sheriff's Office to disclose all driving record information; and any other agencies that may have contact information to: The City for the purpose of _____ with this agency.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

***The following must be signed in front of a NOTARY PUBLIC.**

Signature of Applicant _____
Date

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public

NOTARY STAMP

PH 952.227.1100 • www.ci.chanhassen.mn.us • FX 952.227.1110

7700 MARKET BOULEVARD • PO BOX 147 • CHANHASSEN • MINNESOTA 55317