



**INFORMATION AND REQUIREMENTS FOR
PEDDLERS, SOLICITORS AND CANVASSERS WHO WISH TO APPLY FOR A LICENSE**

Please read the following information pertaining to the application process for peddlers, solicitors, canvassers:

- There is a **five day waiting period** to allow for verification of information and police department review.
- There is a \$25.00 application fee, whether or not the permit is approved. **There are no refunds or pro-rate fees.**
- Applicants must submit a copy of their government issued photo identification card or driver's license with application.
- A background release form must be completed.
- A copy of the Minnesota State food license is required for food sales.
- You will be notified when the application is approved.
- **City issued photo identification card required.** Prior to issuance of the peddlers permit, you will be required to obtain a city-issued photo identification card. Each individual listed on the peddlers permit application must be present for the issuance of the photo ID cards. Bring your government issued photo identification with you. **The cost is \$5.00 per each city photo I.D. card issued.**
- Soliciting in residential areas is allowed between the hours of **9:00 a.m. and 8:00 p.m. only.**
- The peddler's license and city issued photo ID card are in effect for the period listed on the application.

Please contact us if you have any questions. Thank you.

**City of Belle Plaine - 218 North Meridian Street - P.O. Box 129, Belle Plaine, MN 56011
Phone 952-873-5553 Fax 952-873-5509**



City of Belle Plaine
 218 N. Meridian Street
 P.O. Box 129
 Belle Plaine, MN 56011

Phone: 952-873-5553 **Fee:** \$25.00
Fax: 952-873-5509 **Photo ID:** \$5.00 per ID

PEDDLERS, SOLICITORS & CANVASSERS LICENSE APPLICATION

NOTE: *If vending during a community event, applicant must receive approval from organizing committee. License must be applied for at least five days prior to the date when proposed activity is to commence. License is a \$25.00 non-refundable fee. Soliciting hours are 9:00 a.m. to 8:00 p.m. ONLY!*

***List all individuals involved in peddling, soliciting or canvassing operations on back side of application.**

Applicant	Name (First, Middle, Last): _____	
Address: _____	City: _____	
State: _____	Zip Code: _____	Phone: _____
E-mail: _____		
Date of Birth: _____	Drivers License Number: _____	

Have you been convicted within the last five years of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, including traffic offenses? Yes No

Business or Organization	Name: _____	
Address: _____	City: _____	
State: _____	Zip Code: _____	Phone: _____

Vehicle used in Operation	Make & Model: _____	
License Plate Number: _____	Year: _____	

Product(s) or Service(s) providing: _____

Location(s) of Sales: Door-to-Door Other: _____

Selling Start Date: _____ **Selling End Date:** _____

Location(s) business had previously been conducted: _____

MN State Non-Profit I.D. Number _____ MN State Sales Use Permit Number: _____

Applicant Signature: _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____	<input type="checkbox"/> Non-Profit Organization Number	Total Fee Due: \$ _____
<input type="checkbox"/> Application Completed	<input type="checkbox"/> Background Release Form	Form of Payment: _____
<input type="checkbox"/> Copy Mailed to Applicant	<input type="checkbox"/> Copy of D.L. or Photo I.D.	Date Issued: _____
<input type="checkbox"/> Original for City File	<input type="checkbox"/> Issued City Photo I.D. (\$5 per ID)	Transaction #: _____
<input type="checkbox"/> Copy of MN Dept. of Health License or Agriculture Retail Mobile Food Handler License	Issued By: _____	License #: _____
<input type="checkbox"/> Valid Selling Dates from _____ to _____		
Chief of Police Signature of Approval: _____	Date: _____	

***List all individuals involved in peddling, soliciting or canvassing operations**

Individual 1	Name (First, Middle, Last): _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Date of Birth: _____	Drivers License Number: _____
Have you been convicted within the last five years of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, including traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle used in Operation	Make & Model: _____
	License Plate Number: _____ Year: _____
Individual 2	Name (First, Middle, Last): _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Date of Birth: _____	Drivers License Number: _____
Have you been convicted within the last five years of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, including traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle used in Operation	Make & Model: _____
	License Plate Number: _____ Year: _____
Individual 3	Name (First, Middle, Last): _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Date of Birth: _____	Drivers License Number: _____
Have you been convicted within the last five years of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, including traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle used in Operation	Make & Model: _____
	License Plate Number: _____ Year: _____
Individual 4	Name (First, Middle, Last): _____
Address: _____	City: _____
State: _____ Zip Code: _____	Phone: _____
Date of Birth: _____	Drivers License Number: _____
Have you been convicted within the last five years of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, including traffic offenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle used in Operation	Make & Model: _____
	License Plate Number: _____ Year: _____

CITY OF BELLE PLAINE
RELEASE OF INFORMATION

I, _____
(name: first, middle, last) (also list any other names you may have had)

of _____
(number street city county state zip)

I hereby authorize the Police Department of the City of Belle Plaine to disclose Minnesota Criminal History Record Information/a background check to the City Administrator/Deputy City Clerk or designee to inspect and gather information retained by local, county, state, and federal agencies (as necessary) to determine whether:

- ___ any convictions of a crime or moving traffic violation, for which a jail sentence of more than 90 days could have been imposed, directly relate to the:
___ position of employment as _____ sought by me.
Job Title of Position
- ___ Requirement for applicant applying for a rental unit in Belle Plaine.
- ___ Requirement for applicant applying for a City-issued license.

___ Applicant has had any convictions within the past five years for any violations of Laws of the State of Minnesota, or Municipal Ordinances relating to the sale of non-intoxicating malt liquor or intoxicating liquors.

___ Applicant /organization has had any violations /convictions within the past five years of Laws of the State of Minnesota, or Municipal Ordinances relating to Minnesota Lawful Gambling.

I realize I am not legally required to sign this form, but if I do not, the City of Belle Plaine will not be able to determine whether my conviction record, if any, is a job related consideration. In the event the City of Belle Plaine determines my conviction record is a job consideration, I will be notified in writing and will be given any rights to processing of complaints or grievances afforded by Minnesota Statute Chapter 364. I understand that information prepared by the City of Belle Plaine may be released only pursuant to the statutory provisions of Minnesota Statute Chapter 13.

I also authorize references and current and/or former employers, if so noted on application , to release data, including performance evaluations and complaints against me, to the City of Belle Plaine; and authorize contacted persons to respond to questions.

I release those persons, employers, and organizations from any liability for damage in providing this information to the City of Belle Plaine.

(signature)

(date)

(drivers license number)

(birth date: month day year)

(This Informed Consent meets the criteria set out in Minnesota Statutes 13.05, Subdivision 4, Paragraph D)