



## **PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS APPLICATION**

- There is a **five day waiting period** to allow for verification of information and police department review.
- There is a \$100.00 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.
- Food sales require a Minnesota Department of Health (651-201-4505) food license or Agriculture Food Handler License. (prepackaged food sales require a Solicitors permit. Non-prepackaged food requires a Mobile Food Unit permit.)
- 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. **The cost of replacement photo ID's is \$5.00 each.**
- Soliciting in residential areas is allowed between the hours of **9:00 a.m. and 7:00 p.m. only.**
- The peddler's license and city issued photo ID card expire on December 31 of each calendar year.
- Peddlers are required have their city issued photo ID card clearly visibly displayed while soliciting, per City code section 301.06, Subd. 6.

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

<b>Business or Organization Information</b>	Name: _____	
	Address: _____	City: _____
	State: _____ Zip Code: _____	Phone: _____
	Business Email: _____	
	Business Contact: _____	

<b>Applicant Information</b>	Name (First, Middle, Last): _____	
	Address: _____	City: _____
	State: _____ Zip Code: _____	Phone: _____
	E-mail: _____	
	Date of Birth: _____	Driver's 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

<b>Vehicle used in Operation</b>	Make & Model: _____	
	License Plate Number: _____	Year: _____

Product(s) or Service(s) providing: \_\_\_\_\_  
 Location(s) of Sales:  Door-to-Door Other: \_\_\_\_\_  
 Intended Dates of Sales: \_\_\_\_\_  
 Location(s) business had previously been conducted: \_\_\_\_\_

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

By signing this application, I hereby certify that I have read and understand the application and the answers are true to the best of my knowledge. I also understand that no soliciting is allowed until the application process is complete. I certify that I have reviewed and understand City Code section 301.06, Subd. 6 pertaining to peddlers, solicitors and transient merchants.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>		
Date Received: _____	<input type="checkbox"/> Non-Profit Organization Number	Total Fee Due: \$ _____
<input type="checkbox"/> Copy of D.L. or Photo I.D.	<input type="checkbox"/> Background Release Form	Form of Payment: _____
<input type="checkbox"/> Copy of Food License	<input type="checkbox"/> Issued City Photo I.D.	Date Issued: _____
<input type="checkbox"/> Actual Selling Dates: _____ To _____		Transaction #: _____
		Issued By: _____
Police Chief Approval: _____ Date: _____		License #: _____
City Administrator Approval: _____		Date: _____

**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)

\_\_\_\_\_  
(driver's license number)

\_\_\_\_\_  
(birth date: month day year)

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