

City of NEWPORT

APPLICATION FOR SOLICITOR'S – PEDDLER'S – TRANSIENT MERCHANT'S

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____

Applicant Information

Applicant's Full Name: _____ Applicant's Telephone: _____

Other Names the Applicant Goes By: _____ Applicant's Cell Phone: _____

Applicant's Permanent Address: _____

City/State/Zip: _____

Applicant's Temporary Address: _____

City/State/Zip: _____

MN or Federal Tax ID Number or Social Security Number (Required by the State of MN): _____

Type of Photo ID: _____ ID #: _____

Physical Description of Applicant:

Date of Birth: _____ Height: _____ Hair Color: _____ Eye Color: _____

Have you ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations: _____ Yes _____ No (If Yes, explain below)

Business Information

Description of Business: _____

Employer's Name: _____

Employer's Address: _____

Employer's Phone #: _____ Contact Name: _____

Type of Permit: (Check One)

Solicitor's Day (\$50/day) Transient Merchant's Day (\$100/day) Peddler/Hawker/Wagon Peddler's Day (\$50/day)

Solicitor's Year (\$300) Transient Merchant's Year (\$300) Peddler/Hawker/Wagon Peddler's Year (\$250)

Dates and Times of Business:

Dates: From _____ To _____ Hours: From _____ To _____

From _____ To _____ Hours: From _____ To _____

From _____ To _____ Hours: From _____ To _____

From _____ To _____ Hours: From _____ To _____

Products Being Sold: _____

Source of Supply of Goods: _____

Company Name and Address: _____

If Transient Merchant:

Location of Where Business will be Set Up: _____

Last three municipalities in which you carried on this business:

1. _____

2. _____

3. _____

Vehicle Information

Description of Vehicle(s):

Year: _____ Model: _____ Color: _____ License Plate #: _____

Year: _____ Model: _____ Color: _____ License Plate #: _____

Year: _____ Model: _____ Color: _____ License Plate #: _____

Miscellaneous Information

Names of at least two property owners of Washington County, Minnesota, who will certify as to the applicant's good character and business respectability.

1. _____

2. _____

3. _____

4. _____

Applicant Statement and Acknowledgements

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required, but the City will not be able to grant the license without it. If a license is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

The undersigned applicant makes this application pursuant to all laws of the State of Minnesota and such rules and regulations as the City of Newport may from time to time prescribe.

Applicant/Agent Printed Name: _____ Signature: _____

For Office Use

Investigation Fee \$ _____ Permit Fee \$ _____ Receipt # _____ Date Paid _____

Provide Copy of: _____ County _____ License Photograph _____ Written Permission from Property Owner
(Transient Merchant's Only)

Investigation Completed By: _____

Date: _____ Approved: _____ Denied: _____

Reasons: _____



CITY OF NEWPORT
AUTHORIZATION TO RELEASE DATA

Name: _____
(First) (Middle) (Last)

Address: _____

D.O.B.: _____ Driver's License Number: _____ State: _____

I hereby authorize and grant consent to the Washington County Sheriff's Office and the MN Bureau of Criminal Apprehension (BCA) to provide criminal history information to the City of Newport. The information may include all data collected, created, received, retained or disseminated by your Department.

I understand that the information gathered will aid in determining my suitability for a Peddler's, Solicitor's, and Transient Merchant's Permit in the City of Newport.

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the Washington County Sheriff's Office or to you. A photocopy or facsimile of this authorization will be treated in the same manner as the original.

Signature: _____ Date: _____