

CITY OF MELROSE
225 E First St N
PO Box 216
Melrose, Minnesota 56352
Phone (320) 256-4278
Fax (320) 256-7766

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

PERSONAL INFORMATION

Applicant Name: _____

Permanent Address: _____

Telephone Number of Permanent Residence: _____

Height: _____ Weight: _____ Eye Color: _____

Hair Color: _____ Distinguishing Features: _____

Other: _____

Driver License Number: _____

Within the last five years, have you ever been convicted of a felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance other than traffic offenses? Yes No

If yes, provide the following information regarding the offense(s): _____

Date of arrest: _____ Where: _____

Charge: _____ Conviction: _____

Sentence: _____

BUSINESS INFORMATION

Have you ever used or been known by another name when conducting business?

Yes No

If yes, provide all prior names used and information concerning dates and places where used and attach to application.

Name of any business operations owned, managed or operated by you for which you are an employee or agent: _____

Address of your regular place of business (if any) _____

Business-related telephone number(s) _____

Describe items to be sold or services provided: _____

Description, license plate number, registration information and vehicle identification number for any vehicle used when conducting business: _____

LICENSE INFORMATION

Type of business for which application is being made: _____

Length of license period: _____ Annual _____ Daily _____ Number of days
(Maximum 14 consecutive days)

Dates on which business is to be conducted: _____

Location where business will take place: _____

Address and telephone number where you can be reached when conducting business within the City: _____

State the three most recent locations where you have been conducting business as a peddler or transient merchant:

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

Name: _____

Address: _____

Telephone Number: _____

Attach a copy of Stearns County license, if required.

Attach written permission of property owner or property owner's agent.

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct and to the best of my knowledge and belief.

Signature _____ Date: _____

Police Chief recommendations: _____

Application must be made at least 20 regular business days before conducting business.

BACKGROUND CHECK

PERSONAL INFORMATION

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

Permanent Address: _____
(Street) (City) (State) (Zip)

Telephone Number of Permanent Residence: _____

Date of Birth: _____ US Citizen ____ Yes ____ No

Place of Birth: _____

Provide the addresses where you have lived during the preceding ten (10) years.

FINANCIAL INFORMATION

Have you operated any other business in the past ten (10) years? ____ Yes ____ No
If yes, please list the name of the business(s) and address.

List the names and addresses of two (2) financial institutions where you have or are now conducting business.

REFERENCES

List names and addresses of three (3) persons, not related to you, who have known you for at least three (3) years.

Have you ever been convicted of a violation of a state law or local ordinance, other than a non-alcohol related traffic offense? ____ Yes ____ No

If yes, provide the following information regarding the offense(s).

Date of arrest: _____ Where: _____

Charge: _____

Conviction: _____ Sentence: _____

I hereby state that I have answered all of the preceding questions, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

Name/Address

As an applicant for _____
I am required to furnish information which _____
may use in determining my moral, physical, mental and financial qualifications, as well
as my background and any possible criminal record. In this connection, I hereby
expressly authorize the release of any and all information which you may have
concerning me, including information of a confidential or privileged nature.

I hereby release the City of Melrose, and any organization or person furnishing
information to the City of Melrose, as authorized above, from any liability for damage
which may result from furnishing the information requested.

Date: _____

Applicant Signature

DBA

Printed Name

Address

Date of Birth