



City of Excelsior
Solicitor, Hawker, Peddler, Canvasser
Permit

City Clerk's Office
City of Excelsior
339 Third Street
Excelsior, MN 55331

Office Use Only:

Permit Fee: \$120.00

Date Received: _____ Check No. _____ Cash _____ Receipt No. _____

Permit Issue Date: _____ Permit Expiration Date: _____
(6 mos. from issuance)

Applicant:

Date of Application: _____ Hennepin County Permit No. _____

Full Name of Applicant: _____

Address: _____
Street Address City State Zip

Corporate Name: _____ Phone No. _____

Date of Birth: ____ - ____ - ____ Weight: ____ lbs. Height: ____ ft ____ in Eye Color: _____

If also employed elsewhere:

Name of Employer: _____ Phone No. _____

Address of Employer: _____
Street Address City State Zip

Source of supply: _____

Date and hours of the day during which the activity will be conducted:

Have you ever been convicted of a crime other than a traffic violation? _____ Yes _____ No

If yes, explain in detail: _____

Give a brief description of the nature of the business and the product or services involved:

Please list the last cities or villages where the Applicant carried on business immediately preceding the date of this application:

Name of City/Village: _____

Address from which business was conducted: _____
Street City/State Zip

Name of City/Village: _____

Address from which business was conducted: _____
Street City/State Zip

Name of City/Village: _____

Address from which business was conducted: _____
Street City/State Zip

Name of City/Village: _____

Address from which business was conducted: _____
Street City/State Zip

Name of City/Village: _____

Address from which business was conducted: _____
Street City/State Zip

Are you familiar with the provisions of the ordinance under which you will be operating?

_____ Yes _____ No

I (we) hereby agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Excelsior. The foregoing statements are true and correct to the best of my knowledge and belief.

Firm Name: _____ Your Position: _____

Authorized Signature

Date

You must attach two (2) copies of a recent photograph of the Applicant, which measure approx. 2 1/2" x 2 1/2" and showing the head and shoulders of the Applicant in a clear and distinguishable manner.

PERMIT APPROVAL

South Lake Minnetonka Police Department

Signature, Chief of Police

Date

City Manager

Signature, City Manager

Date

Attachments:

- Required Forms:
 - Notice to Persons Completing Attached Forms
 - South Lake Minnetonka Police Department, Authorization for Background Check
 - City of Excelsior, Authorization to Conduct Motor Vehicle License Check
- Excelsior City Code, Article VII. Hawkers, Peddlers, and Transient Merchants



SOUTH LAKE MINNETONKA POLICE DEPARTMENT
24150 Smithtown Road
Shorewood, Minnesota 55331-1913

MICHAEL B. MEEHAN
Chief of Police

Office (952) 474-3261
Fax (952) 474-4477

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, hereby grant my informed consent to, and authorize the **South Lake Minnetonka Police Department** to conduct any and all inquiries they deem necessary for a background check for the purpose of: _____.

This may include, but is not limited to, criminal history records; internal records; jail records; warrants; internal, confidential, public, or private court records, etc. I hereby release the **South Lake Minnetonka Police Department** from any and all liability for disclosing this public, private and/or confidential information about myself to my potential employer, _____.

Applicant Signature

Date

Print Full Name (*First-Middle-Last*)

Date-of-Birth

Street Address

City State Zip Code

Staff Member Requesting Information
(*Print*)

Date

Signature of Staff Member

**CITY OF EXCELSIOR
339 Third Street
Excelsior, Minnesota 55331**

**Lynette R. Peterson
City Clerk**

**Office (952) 653-3675
Fax (952) 474-6300**

AUTHORIZATION TO CONDUCT

MOTOR VEHICLE LICENSE CHECK

I, _____, am listed in a license application with the City of Excelsior. I hereby grant my informed consent to, and authorize the **City of Excelsior** to conduct a check of my personal motor vehicle license.

This information is being gathered for the purpose of evaluating your application for a license in the City of Excelsior. Providing the City with authorization to obtain this information is voluntary but refusal to do so could result in your application being denied. The information you provide may be provided to City staff, consultants, members of the City Council, and the public.

Name as it appears on
valid Driver's License: _____

Date of Birth: ____/____/____ (mm/dd/yyyy)

Driver's License Number: _____

Applicant Signature

Date

Print Full Name (*First-Middle-Last*)

NOTICE TO PERSONS COMPLETING THE ATTACHED FORM(S)

The information being collected with the attached form(s) is being collected to determine your qualifications for the license(s) for which you applied. We intend to use this data in making a determination on whether to issue to you the license(s) for which you applied.

You may refuse to answer any questions which require answers of private or confidential data, by writing the word "refused" in the appropriate location.

Your refusal to answer a query may result in your not being further considered for the license(s). Should you supply incorrect data, you may be denied the license(s). Any data supplied which may incriminate or otherwise disqualify you from consideration may be acted upon and, if acted upon, may become public data.

The data you provide may be used by anyone involved in any investigative process to determine your qualifications for this license(s) and may be disseminated to any other individual or agency authorized by law to receive the data.

By signing below, you hereby authorize the inspection and gathering of data retained by any agency, individual or institution that is deemed necessary by the investigator to determine whether you are prohibited by Minnesota Statute and/or City of Excelsior Ordinance Codes from obtaining the license(s) for which you applied. Failure to complete and sign this release of information form will result in the inability to process this license application(s).

You may be asked at a further date to sign additional release of information forms, if it is deemed necessary.

Date

Signature