



**City of Inver Grove Heights
PEDDLER LICENSE APPLICATION**

License Fee = \$80

Section 1: Applicant

1. Name: _____
Last First Middle

Address: _____

Phone: (____) _____ Date of Birth: ____/____/____
Month Date Year

Male ___ Female ___ Hair Color _____ Eyes _____ Height _____ Weight _____

2. Business Name: _____

Address: _____

Manager/Contact Person: _____

Phone: (____) _____

3. Minnesota Business Tax ID Number (if applicable): _____

Federal Business Tax ID Number: _____

4. Do you have a valid driver's license? _____ Yes _____ No

Driver's License Number: _____ State: _____

If no:

ID Card Number: _____ State: _____

5. Do you drive a vehicle in connection with this work? _____ Yes _____ No

Color: _____ Make: _____ Model: _____ Year: _____

State License Plate Number: _____

6. Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? _____ Yes _____ No

If yes, please provide the time, place, offense, and penalty imposed:

7. Are you a U.S. citizen? _____ Yes _____ No

If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or a current passport. If no, please present proof of immigration/employment status

Section 2: Business Information

8. Describe merchandise being sold:

***Please attach any literature, flyers or pamphlets that will be distributed**

9. List three most recent cities where applicant conducted business as a peddler:

10. Days, dates and hours during which peddling will be conducted:

11. Have you or the firm or business employing you been the subject of an investigation by a consumer protection agency or state attorney general office? _____ Yes _____ No

If yes, please provide the details and locations below:

10. Have you had a peddler's license denied or revoked by the City or any other government body within three years of the date of this application? _____ Yes _____ No

If yes, please provide the details and locations below:

Notice and Notarized Signature

The Minnesota Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not the public. We are requesting this data to determine your eligibility for a license from the City of Inver Grove Heights. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your registration to not be processed. Your signature on this application indicates you understand these rights.

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

X _____ Date: _____
Applicant Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public (seal)