

CITY OF SHOREVIEW

**PEDDLER PERMIT APPLICATION/REGISTRATION
FOR NON-PROFIT ORGANIZATIONS**

Full Name of Non-Profit Organization: _____

Nature of Organization: _____

Permanent Address of Organization: _____

Phone: _____

Goods to be Sold (if applicable): _____

Information about individual completing application

Applicant's Full Legal Name: _____
last first middle

Permanent Address: _____

Home Phone: _____ **Work Phone:** _____

Driver's License Number: _____

Date of Birth: _____

Dates during which organization intends to peddle in City: _____

**PLEASE ATTACH PROOF OF NON-PROFIT STATUS
IN STATE OF MINNESOTA**

Office Use Only

date okayed _____

staff initials _____