

**PEDDLER PERMIT APPLICATION/REGISTRATION**

Full Legal Name \_\_\_\_\_  
*last first middle*

All other names under which applicant conducts business as a peddler or to which applicant officially answers: \_\_\_\_\_

Full legal name of and all businesses owned, managed, or operated by applicant, or for which the applicant is an employee or agent:  
\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_

Color Hair \_\_\_\_\_

Color Eyes \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Sex \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Home Phone: \_\_\_\_\_

Temporary Local Address (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Temporary Local Phone (if applicable): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

Goods to be sold: \_\_\_\_\_  
\_\_\_\_\_

Business Name and Address: \_\_\_\_\_

\_\_\_\_\_

Business Phone: \_\_\_\_\_

Address where goods are manufactured: \_\_\_\_\_

\_\_\_\_\_

Address where goods are stored: \_\_\_\_\_

\_\_\_\_\_

Will payment be demanded, accepted, or received or deposit of money made in advance of final delivery? (Manner which goods shall be delivered to customer)

Has applicant been convicted within the last five years of any felony, gross misdemeanor, or misdemeanor violation of any state or federal statute or any local ordinance, other than traffic offenses? If yes, status of violation?

Dates during which applicant intends to conduct business: \_\_\_\_\_

Description of any vehicle which applicant will use while engaged in the business of a peddler within the City of Shoreview:

\_\_\_\_\_

year	make	model	color	state of issue	license plate
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List of last five municipalities wherein the applicant has conducted business as peddler before coming to this City: \_\_\_\_\_

\_\_\_\_\_

References: \_\_\_\_\_

\_\_\_\_\_

***City of Shoreview***  
**Consent for the Release of Information**  
**In Accordance with MSA 13.05, subd. 4(d)**

I, \_\_\_\_\_, authorize the Ramsey County Sheriff's Office to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Deputy Clerk for the City of Shoreview. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the Ramsey County Sheriff's Office to the Deputy Clerk for the City of Shoreview.

This consent for the release of data is for the purpose of obtaining a permit or license with the City of Shoreview. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

\_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Date

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**Please complete the following information:**

Full Name (please print) \_\_\_\_\_

First

full middle name

last

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Driver's License state & number \_\_\_\_\_

Please list any other names you are or have been known by: \_\_\_\_\_

\_\_\_\_\_  
I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my permit or license.

I hereby authorize the City of Shoreview to use this information to determine my suitability for obtaining a license or permit.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date