

12. The date(s) business will be conducted in Madison (max of 14 consecutive days)

_____ start date _____ end date

Over →

13. Local location of business operations while in Madison: _____
Phone number _____

14. Phone number the applicant may be reached at while conducting business in Madison: _____

15. Physical description: _____ height _____ weight _____ hair color _____ eye color

16. General description of the items to be sold or services to provided:

17. Have you been convicted within the last five years of any felony, gross misdemeanor, or misdemeanor for violation of any state or federal statutes or any local ordinance, other than traffic offenses? Yes No

If yes, please explain: _____

18. List the three most recent locations where the applicant has conducted business as a peddler or transient merchant. (1) _____ city, state (2) _____ city, state
(3) _____ city, state

19. Provide proof of any required county license:

20. Provide the license plate number, registration information and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle:

21. Other pertinent information:

Signature of City Clerk or designee
processing application

Signature of Applicant

for staff use only

_____ (see attached signed statement indicating findings of background check)
Sheriff signature

Note: All applicants are required to sign attached statements authorizing reference and background checks

_____ approved _____ denied Reason for denial _____

Background Check Informed Consent
City of Madison
404 6th Ave
Madison MN 56256
(320) 598-7373

Date: _____

The following named individual has made application with this agency for a Peddlers, Solicitors, and Transient Merchants Permit. (circle one)

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ **Sex (M or F):** _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Madison for the purpose of obtaining a Peddlers, Solicitors, and Transient Merchants Permit with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ **Date** _____

Notary:

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

Notary Public
My Commission expires: _____

(seal)