



City of Credit River

18985 Meadow View Blvd., Prior Lake, MN 55372

952-440-5515

www.creditriver-mn.gov

Office Use Only

Date Received: _____

Fee \$50.00

Paid: _____

Return completed forms to : Clerk@creditriver-mn.gov

Payments made online: www.creditriver-mn.gov under "How Do I...." Make a Payment

SOLICITORS, PEDDLERS AND TRANSIENT MERCHANTS LICENSE APPLICATION

SECTION 1: APPLICANT INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE: _____

EMAIL ADDRESS: _____

SECTION 2: BUSINESS/ORGANIZATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP : _____

PHONE: _____

TYPE OF BUSINESS TO BE CONDUCTED PRODUCT OR SERVICES SOLD: _____

DATE OF PROPOSED BUSINESS OPERTION FROM: _____ TO: _____

(DAILY HOURS FOR SOLICITING: 9:00 AM TO 9:00 PM)

LIST ANY CITIES THAT HAVE ISSUED PERMITS TO YOU IN THE LAST 12 MONTHS: _____

SECTION 3: BUSINESS/ORGANIZATION INFORMATION-VEHICLES

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY VEHICLES TO BE USED:

MAKE: _____ YEAR: _____ PLATE # _____ STATE: _____

MAKE: _____ YEAR: _____ PLATE # _____ STATE: _____

SECTION 4: CONSENT FOR RELEASE OF INFORMATION

I authorize the City of Credit River to release criminal history data, as defined by Minnesota Statute 13.87.subd.1 and driver's license and traffic record data to the Clerk of Credit River, Treasurer, City Administrator and City Council for the City of Credit River. 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 this private data by the Sheriff of Scott County, Credit River City Administrator, City Treasurer, City Clerk and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Credit River to use this information to determine my eligibility to obtain a license/permit.

FULL NAME:

(FIRST)

(MIDDLE)

(LAST)

ADDRESS: _____

CITY: _____

STATE: _____

ZIP : _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____

STATE: _____

PLEASE LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY:

SIGNATURE OF APPLICANT

DATE

APPROVED DATE: _____

SIGNATURE OF AUTHORIZED STAFF: _____

TITLE: _____

PERMIT EXPIRATION DATE: _____