



Application for Peddlers – Solicitors – Transient Merchant

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| <p>Solicitation and peddling shall be prohibited between the hours of 8:00 p.m. and 8:00 a.m. every day of the week.</p> <p>No peddler or solicitor shall enter any premises where a sign prohibiting is placed.</p> | <p><u>Requirements</u></p> <ul style="list-style-type: none"> ○ Registration Fee (\$25.00 1-7 days, per individual) ○ Application <u>must</u> be presented in person (those sent via e-mail, fax or US Mail will not be approved) ○ Credentials establishing relationship to employer/supplier (if representing self, credentials not necessary) ○ A copy of your driver's license will be taken when application is turned in to the City <p><i>Wright County Sheriff's Dept. will be notified of the application after filed at the City Offices.</i></p> |
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Full Legal Name: _____

Last
First
Middle

Sex: M _____ F _____ Hair Color: _____ Height: _____ Weight: _____ Age: _____

D.O.B. _____ Home Phone #: _____ Business Phone #: _____

Permanent Home Address (must be the same as that listed on driver's license):

Street
City
State
Zip

Local Address: _____
Street
City
State
Zip

If Transient Merchant, local address from which proposed sales will be made:

Street
City
State
Zip

Business description and product or services involved: _____

Name and address of employer or supplier of applicant: (Name) _____

Street
City
State
Zip

Date(s) of selling or soliciting: _____ Hours of selling or soliciting: _____

Source of supply of goods or products to be sold: _____

Location of goods or products at time application is filed: _____

Description of vehicle used in business: _____

Vehicle License No.: _____ Method of delivery: _____

Have you ever been convicted of a crime, misdemeanor, or non-traffic violation? (if yes, give details)

List the last municipalities (not to exceed 3) where you have carried on this business preceding the date of this application and include the address(es) along with phone number from which business was conducted.

1. _____

2. _____

3. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause of the denial of the required permit.

Signature: _____ Date: _____

Application is NOT acceptable if NOT fully completed.

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PEDDLERS-SOLICITORS-TRANSIENT MERCHANT PERMIT

City Office Use Only

EXPIRES ON: _____

____ Application submitted in person (not via e-mail, fax, or US mail)

____ Registration fee paid: _____

____ Copy of driver's license taken

City Approval

Date

Submit form to Clearwater City Hall:

E-mail: mhill@clearwatercity.com or astrohschein@clearwatercity.com

In-Person or Dropbox (located in parking lot): City Hall, 605 County Rd 75 NW, Clearwater, MN 55320

Mail: PO Box 9, Clearwater, MN 55320

Contact us: 320-558-2428 | clearwatercity.com | Mon-Thurs 8:00am-4:30pm