



CITY ADMINISTRATOR'S OFFICE

101 14th Street, Cloquet MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.cloquetmn.gov
email: kstarnold@cloquetmn.gov

**Peddlers, Solicitors & Transient Merchants
Registration Process**

1. A copy of the Cloquet City Code is enclosed for your reference. As an applicant, please read through this Code in its entirety prior to completing the application form.
2. Provide **individual** identifications (with full middle name, not initial) for each person going door-to-door during your campaign. Photocopy the "Authorization and Release" form and the "Police Records Liability Waiver" form to allow completion by **each employee** who is an officer of the corporation or doing the actual door-to-door solicitation.
3. Upon receipt by the City of your completed application, there will be a two (2) week minimum waiting period to allow for application review and completion of background investigation(s). Upon satisfactory investigation, the application will be presented to the City Council at its next regularly scheduled meeting.

If you have any questions or need additional information, please contact:

City of Cloquet
101 14th Street
Cloquet MN 55720
phone: (218) 879-3347
email: kstarnold@cloquetmn.gov

**THE LENGTH OF TIME FOR SALES OR SOLICITING AND HOURS DURING WHICH BUSINESS WILL BE CONDUCTED:
(Not to exceed 30 days)**

Beginning Date: _____ Ending Date: _____

Hours during which business will be conducted: _____

(City Code states hours of business are to be conducted between 8:00 a.m. and 8:00 p.m.)

Brief description of the nature of the business or solicitation and the goods to be sold or given away:

Do you have **written consent** of the landowner upon whose premises this activity is to be conducted? Yes No (If yes, please attach written consent.)

Do you use a Sales Contract? Yes No (If yes, please attach a copy.)

Name and Address of the Source of Supply of the goods or property proposed to be sold, or orders taken for the sale thereof; location of such goods or products at the time of this application; and proposed method of delivery:

List the names of the last three (3) cities where you have registered and conducted business for your activities:

City and Address	State

Describe all vehicles that you will be using in your activities:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
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Model:	License #:
Color:	State:

List the Full (*last, first, full middle*) Name, Date of Birth, Permanent Address, Social Security #, Drivers License #, and description of **ALL** persons proposed to be employed in this municipality during the period for which this application is made: (Attach additional sheets if necessary.)

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

1. Have you, or those working for you in Cloquet, been convicted within the last five (5) years, of any felony, gross misdemeanor, or misdemeanor for violation of any federal, state, or local ordinance other than traffic ordinances
 Yes No *If yes, give information as to the date, place, and offense for each conviction.*

2. List all names, nicknames and aliases by which you have been known: _____

3. List addresses at which you have lived during the preceding three years. (Begin with present or last address and work back. *Attach additional sheets if necessary.*)

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

I HEREBY UNDERSTAND AND AGREE THAT:

- Information revealed herein for a Peddler, Solicitor and Transient Merchant License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
- Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

Signature of Applicant

Date

Print Name _____
First Middle Last

**CLOQUET POLICE DEPARTMENT
101 14th Street - Cloquet, MN 55720**

POLICE RECORDS LIABILITY WAIVER

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

License you are applying for: _____

APPLICANT INFORMATION		
First Name:	Full Middle Name:	Last Name:
Current Home Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail address: <i>(if applicable)</i>		
Date of Birth:	Social Security Number:	
Driver's License Number:		
Other names by which applicant has been known, including maiden name, names from previous marriages or aliases:		
First Name:	Full Middle Name:	Last Name:
First Name:	Full Middle Name:	Last Name:
Business Name:		
Business Address:		
Business Phone Number:		
Brief Description of the Nature of the Business or Solicitation of Goods:		

I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:

X _____
Signature of Individual Authorizing Release

Date

(Please submit copy of Driver's License)

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

Signature of Applicant

Date

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:**

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

License Type: _____

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION		
Name: First	Full Middle	Last
Current Address:		
City:	State:	Zip Code:
Social Security Number:		

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS	
Federal Tax Identification Number:	
Minnesota Tax Identification Number:	

Signature: _____

Date: _____