



City of Maple Plain
5050 Independence Street
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

SOLICITORS & PEDDLERS LICENSE

APPLICANT INFORMATION

Applicant Name			
Address		Phone Number	
City, State, Zip		Email	
SSN	DOB	DLN & State	
Height	Weight	Eye Color	Hair Color

Company Name		Company Contact	
Address		Phone Number	
City, State, Zip		Email	

Vehicle Information			
Make	Model	Color	License

PRODUCT INFORMATION

Intended distribution routes (List specific streets, property addresses, etc., or "Entire City.")

Product Information & Delivery

Type of product(s) / service(s):	Method of delivery: <input type="checkbox"/> Door-to-Door <input type="checkbox"/> In-Home Scheduled Visits <input type="checkbox"/> Other: _____
	Will products/goods be offered/delivered during visit? <input type="checkbox"/> Yes. <input type="checkbox"/> No, delivered at later date.
	If delivered on later date, what is the delivery method? <input type="checkbox"/> Mail. <input type="checkbox"/> Vehicle. <input type="checkbox"/> Other: _____

Dates of Solicitation

List dates will be in town:	Days of the week: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su
	Times:
	Times:

BACKGROUND CHECK INFORMATION

Have you ever been convicted of any crime (other than petty traffic violations)? Yes. No.

If Yes, please explain:

Have you ever applied for and been rejected, or received a peddler, solicitor or transient merchant license and had it suspended or revoked within the past three years? Yes. No.

If Yes, please explain:

Have you read and do you understand Chapter 4 Article 3 of the Maple Plain City Code for which you are conducting business? Yes No.

AUTHORIZATION

Pursuant to city of Maple Plain license requirements, per the MN State Statute 299C.72, West Hennepin Public Safety is authorized to conduct a criminal history check.

I declare that the information I have provided on this application is truthful and I authorize the City of Maple Plain and West Hennepin Public Safety to investigate the information provided, including completing a MN Computerized Criminal History search, a record check of my driver's license and contacting the persons named on the application.

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Maple Plain. The foregoing statements are true and correct to the best of my knowledge and belief.

Applicant Signature _____

Date of Application _____

INVESTIGATION

Date referred to Director of Public Safety _____

Background Check Completed by _____ **Date Completed** _____

Recommendation of West Hennepin Public Safety

Approve. Deny.

Reason for Denial:

Signature _____

Date of Approval/Denial _____

OFFICE USE ONLY

Background Check Fees

- Background Check (*Paid upfront. Per Person*)
\$50
- Amount Paid: _____
- Date Paid: _____
- Received By: _____

Permit Fees

- License (*Per Company*)
\$100
- Amount Paid: _____
- Received By: _____

NOTICE

Items to submit with application

- Credentials establishing relationship with company.
- Company handouts, brochures, order forms, etc.
- Photocopy of driver's license, state ID or passport.
- Non-refundable background check fee.
(Checks payable to "City of Maple Plain.")

Notice to applicant

- The City will try to process applications as soon as possible; 5 business days may be required.
- Each applicant must submit his/her own application and pay all applicable fees.
- License fees are collected after approval is received. Licenses are obtained at City Hall.
- All applicants must carry a copy of their license at all times while working in the City.