

TOWNSHIP OF SMITH PEDDLER/MERCHANT PERMIT APPLICATION

NAME AND ADDRESS OF EMPLOYER: _____

_____ **Phone No.** _____

Individual (please fill in the following):

NAME: _____ **PHONE NO:** _____
Last First Middle

DATE OF BIRTH: _____

ADDRESS: _____

DRIVERS LICENSE NO: _____ State License Issued _____

VEHICLE TO BE USED, IF ANY:

Make _____ Model _____ Color _____

A COPY OF A PICTURE ID (STATE ISSUED) MUST BE ATTACHED

GENERAL DESCRIPTION OF GOODS TO BE SOLD: _____

License (if approved) to be issued for:

- One Day** **One Month**
 One week **One Year**

Date & times you intend to solicit/peddle in the Township of Smith: _____

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer one year from the date of my signature.

Signature of Applicant: _____ **Date:** _____

APPROVED BY:

_____ **Date:** _____
Chief of Police

FEE - \$25.00 A PERSON PER DAY
***NO SOLICITING AFTER DARK, IF A COMPLAINT COMES IN OR SEEN AFTER DARK SOLICITING PERMIT WILL BE REVOKED**