



CITY OF EAGLE LAKE, Minnesota

PEDDLERS/SOLICITORS MERCHANT LICENSE APPLICATION

Each license shall apply to one person.

1. List of merchandise to be sold:

2. Date merchandise to be sold in Eagle Lake: _____

3. Licensee Name: _____ Phone # _____

Licensee's Date of Birth: _____

Business Name: _____ Phone # _____

Business Address: _____

4. Owner(s) Name: _____ Phone # _____

Owner(s) Address: _____ Birth Date _____

5. Applicant's Name: _____ Phone # _____

Applicant's Address: _____ Years? _____

Applicant's Position/Title: _____ Birth Date _____

Applicant's Driver's License #: _____ State of License _____

Applicant's Occupation: _____ How Long? _____

6. Applicant's occupations and addresses for the last three years:

<u>OCCUPATION</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

7. Is applicant a United States citizen? Yes___ No___ If no, what is your citizenship? _____

8. List the names and addresses of applicant's employers for the last three years.

<u>EMPLOYER</u>	<u>ADDRESS</u>
_____	_____
_____	_____
_____	_____

9. Have you ever been convicted of a crime (excluding traffic violations)? Yes___ No___
If yes, what is the date, place of conviction and nature of the offense? _____

10. List the names and addresses of three-character references if applicant has not resided in the City of Eagle Lake for at least two years.

<u>NAME</u>	<u>ADDRESSES</u>
_____	_____
_____	_____
_____	_____

11. Location of previous sales:

By signing this application, I certify that the information provided is true and correct. Additionally, I understand that there may be conditions if I am granted a license and that I will be responsible to meet those conditions.

12. Signature: _____ Date: _____

Office Use Only			
Fees:	Annual Peddler License	\$ _____	Receipt # _____ Date Paid _____
	Investigation Fee	\$ _____	Receipt # _____ Date Paid _____



Blue Earth County Sheriff's Office

Jeff Wersal

Jeremy Brennan

Sheriff

Chief Deputy

AUTHORIZATION FOR RELEASE OF INFORMATION

PLEASE PRINT

Name (First Middle Last): _____

Maiden Name, Alias, or Former Name(s): _____

Social Security Number: _____

Driver's License Number & Issuing State: _____

Date of Birth: _____

Home Address: _____

City/State/Zip: _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Blue Earth County Sheriff's Office and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02 Subd 12. I fully understand that this data is to be used in conjunction with any background investigation by Blue Earth County Sheriff's Office. I further authorize the Blue Earth County Sheriff's Office to perform an investigation of my driving record and my criminal background with local, state, and federal law enforcement agencies.

This authorization is valid for one (1) year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent, to the Blue Earth County Sheriff's Office.

Signature (full name)

Date