



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 _____



CITY OF EAGLE LAKE

BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Current Address: _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male _____ Female _____ Phone Number: _____

TENNESSEN WARNING: In accordance with the Minnesota Government Data Practices Act, the City of Eagle Lake is required to inform you of your rights as they relate to the private information collected from you. Private data is information that is available to you, but not the public. The personal information we collect about you is private. The information collected will be used to determine your eligibility to be issued a business license by the City of Eagle Lake. This information is available only to you, appropriate City employees and others as provided by state and federal law who have a bona fide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application that is not designated in this notice as private data. You may refuse to provide the information requested, however, failure to do so may prohibit the City of Eagle Lake from issuing the license you have applied for.

Applicant Rights:

1. The right to be notified that the Chief of Police or his/her designee shall conduct a criminal record check;
2. The right to obtain a copy of the criminal record check;
3. The right to challenge the accuracy and completeness of the criminal record report; and
4. Notification of the right to be informed by the City of Eagle Lake if the application for a business license has been denied based on findings in the background investigation.

I authorize this background investigation to be done and I understand the expiration of this authorization shall be for a period no longer than one year from the date of my signature. A copy of this form will serve also as an original and legal document.

Signature: _____

Date: _____