



Transient Merchants, Peddlers and Solicitors Application

Chapter 113

Name of Firm or Agency:

Address:

City:

State:

Zip:

Phone Number(s):

Name of person filling out application form:

First:

Middle:

Last:

Date of Birth:

Name of ALL persons selling/going door to door (add additional sheet if needed):

Applicant Only Mark Here:

First:

Middle:

Last:

Date of Birth:

First:

Middle:

Last:

Date of Birth:

First:

Middle:

Last:

Date of Birth:

First:

Middle:

Last:

Date of Birth:

First:

Middle:

Last:

Date of Birth:

Note: All persons (including applicant) will need a completed, signed, and notarized background check consent form attached to this application

Type of product(s) selling:

Length of time selling to be conducted:

City License Fee: 1-21 Days - \$100.00

Proof of Stearns County License: Yes No

All information provided herein is true to the best of my knowledge.

Applicant Signature: _____

City of Avon Use Below Only:

Completed, signed, and notarized background check consent form(s) attached:

City License Fee Received: Date

Amount Received

City Clerk/Administrator Signature: _____

Application and Consent Forms given to Chief of Police/Designee:



Transient Merchants, Peddlers and Solicitors Application Background Check Consent Form

NAME OF FIRM OR AGENCY:

SALES PERSON/APPLICANT INFORMATION (PLEASE PRINT CLEARLY):

LAST NAME:

FIRST NAME:

MIDDLE NAME:

A local records check of the Avon Police Department/Stearns County Sheriff's Office and any other applicable local/county department, a search of the Minnesota State Criminal Records System and/or the Federal Bureau of Investigations Criminal Justice information files will be performed on you, pursuant with the verification of your application and in accordance with the applicable laws and statutes. By signing this form, you are allowing the Avon Police Department to release the criminal data maintained in these files, which apply under statutes and ordinances.

1. You have the right to be informed that the City of Avon is requesting a criminal background check to determine if you have been convicted of a crime.
2. You have the right to be informed by the City of Avon of the results of the criminal background check and to obtain copies of the results.
3. You have the right to obtain from the Avon Police Department/Stearns County Sheriff's Office, any other applicable local/county department, and/or the Minnesota Bureau of Criminal Apprehension, any records that form the basis for this report.
4. You have the right to challenge the accuracy and completeness of the information contained in the report or record.
5. You have the right to be informed by the City of Avon if your application for licensure has been denied because of the results of this background check.

PLEASE PRINT CLEARLY

LAST NAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH:

DRIVER'S LICENSE STATE AND NUMBER:

SEX: MALE / FEMALE

RACE:

SOCIAL SECURITY NUMBER:

CURRENT ADDRESS:

CURRENT CITY:

STATE:

ZIP:

PHONE NUMBER:

HAVE YOU LIVED IN MINNESOTA FOR AT LEAST THE LAST 10 YEARS: YES

NO

LIST PREVIOUS ADDRESSES:

THIS RELEASE SHALL BE EFFECTIVE FOR ONE (1) YEAR FROM DATE SIGNED.

All information provided herein is true to the best of my knowledge.

Applicant Signature: _____

Date signed: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC