

TRANSIENT MERCHANTS, PEDDLERS, AND SOLICITORS

Name of Firm or Agency: _____

Address: _____

Phone: _____

Name of All Person (s) selling: (PLEASE PRINT)

1)	_____	_____	_____	_____
	First	Middle	Last	D.O.B.
2)	_____	_____	_____	_____
	First	Middle	Last	D.O.B.
3)	_____	_____	_____	_____
	First	Middle	Last	D.O.B.

(*if more sales people, list on back)

Driver's License Number (s):

1) _____
2) _____
3) _____

Type of Product Selling: _____

Length of time selling to be conducted: _____

Proof of Stearns County License: Yes _____ No _____

Applicants present places of residence for the last five (5) years:

Applicants present place of business along with its address and phone number.

ALL INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE:

City License fee: 1-21 days \$100

Representative Signature

City Clerk/Adm. Signature

TRANSIENT MERCHANTS, PEDDLERS, AND SOLICITORS CRIMINAL BACKGROUND CHECK CONSENT FORM

Sales Person: _____
(Please Print)

A local records check of the Avon Police Department/Stearns County Sheriff's Department and any other applicable local/county department, a Search of the Minnesota State Criminal Records 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 date maintained in those files, which apply under Statutes & Ordinance.

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 a Criminal Background check and to obtain a copy of the results.
3. You have the right to obtain from the Avon Police Department/Stearns County Sheriff's Department, any other applicable local/county department, and/or the 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 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.

Application Information—Please Print Clearly

Last Name	First Name	Middle Name
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Have you ever been known by another name? Maiden, Aliases _____

Date of Birth: _____ Gender: Male _____ Female _____ Race _____

Drivers Lic. # _____ State: _____ Social Security # _____

Current Address	Apt. #	City	State and Zip	County
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have you lived in Minnesota for at least the past 10 years? Yes _____ No _____ (Please list all addresses)

Prior Address	Apt. #	City	State and Zip	County
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Prior Address	Apt. #	City	State and Zip	County
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This Release shall be effective for ONE (1) year from date signed.

Applicant Signature	Date
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Subscribed and Sworn before me on this _____ day of _____, 200 .

Notary Public