



Peddler/Solicitor Application

Community Development Department
Rental & Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443

Phone: (763) 493-8182 / Fax: (763) 493-8171

Email: BPLICENSE@BrooklynPark.Org

GOVERNMENT DATA PRACTICES ACT – TENNESSEN WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

INFORMATION

PEDDLER/SOLICITOR. A person who goes from house-to-house or any other type of place-to-place, for the purpose of selling goods or services, must have a license.

EXEMPTIONS: Individuals representing non-profit or exempt organizations, or individuals expressing freedom of speech, press, religion etc. do not require a license.

PEDDLING/SOLICITING HOURS ARE 8:00 A.M. TO 8:00 P.M.

REQUIREMENTS

- Completed Application. **All applications are subject to a 30-business day approval period.**
- Background Investigation Release Form.
- \$200.00** Non-Refundable Background Investigation Fee.
PLEASE SELECT ONE: **30 Days | \$100.00** **6 Months | \$200.00** **1 Year | \$300.00**
**License fees are not transferable or refundable; \$50.00 replacement badge fee applies.
- Each peddler/solicitor will be issued an identification badge from the Business Licensing Division which expires December 31st regardless of the issued date. You are required to display your identification badge and present upon request.

APPLICANT'S BACKGROUND INFORMATION

Full Legal Name _____
Last Name First Name Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Home Address _____
Street City State Zip Code

Date of Birth _____ **Phone Number** **Email Address** _____
(MM/DD/YYYY)

Driver's License Number/State ID _____ **State of Issue** _____

VEHICLE INFORMATION

License Plate Number _____ **State of License Plate Number** _____

Make _____ **Model** _____ **Year** _____ **Color** _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

Street

City

State

Zip Code

Business Contact _____ PLEASE SELECT ONE: Owner Supervisor

Last Name

First Name

Business Phone **Business Website** _____

Describe the products to be sold or services to be provided: _____

List ALL other businesses that you are affiliated with: _____

List ALL the cities that you have held a peddler/solicitor license within the past two (2) years: _____

CRIMINAL HISTORY

Have you been convicted of any crime other than minor traffic violations within the last five (5) years?

PLEASE SELECT ONE: No Yes; **If yes, please specify:** _____

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County, Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park. The undersigned understands that they shall not conduct their business in such a manner as to annoy other persons or become a nuisance or obstruct any street, or public place within the City and that such conduct may result in revocation of this registration and denial of future requests.

Applicant Signature _____ **Date** _____
(MM/DD/YYYY)

The section below will be discarded after a one-time payment has been processed.

CREDIT CARD INFORMATION

Card Type PLEASE SELECT ONE: Discover MasterCard Visa *American Express not accepted.

Card Number _____ **Expiration Date** _____ **Security Code**
(MM/YY) (LOCATED ON THE BACK OF THE CARD)

Signature _____ **Date** _____
(MM/DD/YYYY)



Certificate of Compliance

Minnesota Department of Revenue

INFORMATION

Pursuant To 2011 Minnesota Statute, Chapter 270c Department of Revenue, (Section 270c.72 Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

REQUIREMENTS

- You must complete section A **OR** B below.
- Social Security Number (if a sole proprietor) **OR** Minnesota/Federal Tax ID Number (if a business).

SECTION A – Complete this portion if you are a sole proprietor:

Full Legal Name _____
Last Name First Name Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Home Address _____
Street City State Zip Code

Social Security Number **Position** PLEASE SELECT ONE: Owner Officer Partner
(123 - 45 - 6789)

Signature _____ **Date** _____
(MM/DD/YYYY)

SECTION B – Complete this portion if you are a business:

Business Name _____

Business Address _____
Street City State Zip Code

Minnesota Tax ID Number **Federal Tax ID Number**
(1234567) (12 - 3456789)

Signature _____ **Date** _____
(MM/DD/YYYY)



Certificate of Compliance

Minnesota Worker's Compensation Law

INFORMATION

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

REQUIREMENTS

- You must complete section A **OR** B below.

SECTION A – Complete this portion if you are exempted or self-insured:

Full Legal Name _____
Last Name First Name Middle Name Maiden Name (if applicable)

Home Address _____
Street City State Zip Code

I am not required to have workers' compensation liability coverage because:

- PLEASE SELECT ONE: I have no employees.
 I am self-insured (include permit to self-insure).
 I have employees, but they are not covered by the workers' compensation law.
(These include: spouse, parents, children and certain farm employees.)

I certify that the information provided above is accurate and complete.

Applicant Signature _____ **Date** _____
(MM/DD/YYYY)

SECTION B – Complete this portion if you are insured:

Business Name _____

Business Address _____
Street City State Zip Code

Insurance Company Name _____

Insurance Policy Number _____

Effective Date _____ **Expiration Date** _____

I certify that the information provided above is accurate and complete. Also, a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant Signature _____ **Date** _____
(MM/DD/YYYY)



Background Investigation Authorization and Consent Release Police Department

I, _____
Last Name First Name (Include Jr., Sr., II, III, etc.) Middle Name Maiden Name (if applicable)

Other names you have used and/or are also known as: _____

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

- I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.
- I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.
- By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota and Oklahoma Applicants only:
Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

POSITION APPLIED FOR	Social Security Number <input style="width: 150px; height: 20px;" type="text"/>	Date of Birth _____
	(123 - 45 - 6789)	(MM/DD/YYYY)
Driver's License Number/State ID _____		State of Issue _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST SEVEN (7) YEARS:

Current Address					
	Street	City	State	Zip Code	How long here?
Former Address					
	Street	City	State	Zip Code	How long here?
Former Address					
	Street	City	State	Zip Code	How long here?

May we contact your current employer? PLEASE SELECT ONE: No Yes

Printed Name _____

Applicant Signature _____ **Date** _____
(MM/DD/YYYY)

Applicants under 18 years of age must have a parent or court appoint guardian sign this Authorization of Background Investigation.
Parental Consent: I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this Release as described above.

Parent/Guardian Signature	Date	Printed Parent/Guardian Name
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