

# Peddlers, Solicitors & Transient Merchants Permit



City of Waconia  
201 South Vine Street  
Waconia, MN 55387  
Phone: 952-442-2184  
Fax: 952-442-2135  
www.waconia.org

Date:			
Name or Contact:			
Company or Group:			
Address:			
City:	State:	Zip:	
Phone:			
Email:			

## **Solicitation Information:**

Start date :  End date:

Name of solicitation:

Purpose of solicitation:

Specific area within the city that solicitation will occur:

Commissions, fees, wages or emoluments to be expended in connection with such solicitation and the amount thereof:

**Publication Responsibility:**  Applicant  City

Date of Publication:

Applicant Signature:  Date:

<u>Office Use Only</u>	
Approval Signature:	<input type="text"/>
Approval Date:	<input type="text"/>

# Information Advisory and Authorization for Release of Information



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In connection with your application for a Solicitor, Peddler, or Transient Merchant Permit, you are being requested to provide data, which may be classified as private, confidential, non-public or protected non-public data under the Minnesota Data Practices Act. This means that this data is not ordinarily available to the general public.

The purpose of the information requested in the application is to provide background for the investigation of permit applicants required by City ordinance. Providing the information will assist the Sheriff's Department in preparing an investigative report for City review. This information may be given to the City Administrator and used when granting or denying the permit. If the information is provided to the City Council, it may become part of a public record, available to any interested individual.

You have the right to refuse to supply the requested information. If you do so, this may result in the denial of your permit application. Failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.

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I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the Minnesota Bureau of Criminal Apprehension and the Carver County Sheriff's Office to disclose all criminal history to the City of Waconia for the purpose of this permit application. I also authorize the City of Waconia to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the application.

Last name of Applicant:	<input type="text"/>
First Name:	<input type="text"/>
Middle (full)	<input type="text"/>
Maiden, Alias or Former:	<input type="text"/>
Date of Birth:	<input type="text"/>
SSN (optional):	<input type="text"/>

Gender:  M  F

Applicant Signature:  Date: