



CITY OF BURNSVILLE PEDDLER, SOLICITOR, TRANSIENT MERCHANT & MOBILE VENDOR REGISTRATION FORM

Date of Application:		For Office Use Only: Case File #:		For Office Use Only: Permit #:	
Registration Type: <input type="checkbox"/> PEDDLER <input type="checkbox"/> SOLICITOR <input type="checkbox"/> TRANSIENT MERCHANT <input type="checkbox"/> MOBILE VENDOR <input type="checkbox"/> NON-COMMERCIAL SOLICITOR OR ADVOCATE					
REGISTRANT INFORMATION – Please Print					
Full Name (Last, First, Middle):		Previous Last Name(s):	Date of Birth (Month-Date-Year):		Sex:
Driver's License #:		DL State:	Contact Phone:		
Registrant Email Address:					
Local Address:			City/State/Zip:		
Permanent Home Address:			City/State/Zip:		
Business Name:			Business Phone:		
Business Address:			City/State/Zip:		
Supervisor Name:		Phone:		Email:	
Describe the nature of the business:					
Describe the nature of the goods being sold:					
The length of time required by you to do business:					
Vehicle License Plate:		State:	Registered Owner:		
Vehicle Make:		Model:	Year:	Color	
REFERENCES					
1) Name:		Address:		City/State/Zip:	
2) Name:		Address:		City/State/Zip:	
Two other municipalities (if any) where registrant carried on activity prior to this application:					
1) City/State:					
2) City/State:					
FOR MOBILE VENDOR LICENSE ONLY					
List the names of persons working for or assisting the mobile vendor owner/operator: (Use a separate sheet if needed)					
<input type="checkbox"/> Certificate of Insurance or Self Insurance Attached <input type="checkbox"/> MN Dept. of Health or Dept. of Agriculture License Attached (Food Vendors Only)					
CRIMINAL INFORMATION					
Have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, state the nature of the offense and the punishment or penalty assessed:					
<p>"I swear and attest to the fact that the preceding information is true and correct, to the best of my knowledge. I hereby authorize the City to conduct a criminal history background check and acknowledge that failure to disclose previous convictions or making a false statement herein will disqualify me."</p>					
REGISTRANT SIGNATURE:					
WITNESS SIGNATURE:				DATE:	
APPROVED BY:				DATE:	