

Peddler License Application



CITY OF MENDOTA HEIGHTS

1101 Victoria Curve, Mendota Heights, MN 55118
651-452-1850 • Mendotaheightsmn.gov

Product: Same Day Delivery

Fee: N/A –registration only

Description of items or service for sale _____

Sale Dates: _____

Where items or services are being sold: _____

SALESPERSON/APPLICANT

Name _____

Address _____

City _____ State _____ Zip _____ Phone Number _____

Date of Birth: _____ State Issued ID# _____

Vehicle Year/Make/Model _____

Prior Addresses (past 5 years) _____

Convictions (past 5 years) _____

Email address: _____

BUSINESS

Tax-Exempt Non-Profit Organization ☐

Business Name _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

REQUIRED by MN Statute 270C.72: Minnesota Tax ID _____ and Federal Tax ID _____

Or Social Security Number _____

Website _____

Email _____

Recent cities business has sales experience _____

Notice

Mendota Heights is collecting information from you to evaluate eligibility for licensure. The information you provide may be used to contact other agencies to identify violations of federal, state and local laws and ordinances. You are not legally required to complete this application; however, if you fail to do so, the city will be unable to process this application or issue a license. The information you provide is accessible to government entity users whose work assignments reasonably require access or are authorized by law or court order. We share your taxpayer identification or social security number with the Minnesota Department of Revenue. I agree to notify the city of any change. I will comply with all laws and regulations. I understand the privacy notice, certify that the information on my application is true and complete. As a Peddler applicant, I consent to a background investigation.

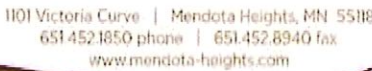
Applicant Signature _____ Date _____

How do you want to receive your approved license? Mail to: _____
_____ or Email? _____

To be completed by City: Issued by: _____

Application complete date: _____

License issue date: _____



CITY OF MENDOTA HEIGHTS

PRINT FULL NAME	First	Middle	Last
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OTHER NAMES USED (Maiden Name/Previous Name/Other Alias)

RESIDENCE ADDRESS	Address	City	State	Zip Code
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DATE OF BIRTH (XX/XX/XXXX) **DRIVER'S LICENSE NUMBER/STATE**

DRIVER'S LICENSE NUMBER/STATE

TENNESSEN WARNING:

The City of Mendota Heights City Code 3-7-1 addresses the requirements for background investigations.

I understand that the data collected about me are subject to the Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent action has been taken in reliance on it.

With my permission, the Mendota Heights Police Department may disclose to the City of Mendota Heights City Clerk, Assistant City Administrator, City Administrator and City Council all information collected as a result of the background investigation completed for the purpose of evaluating the attached city license application.

YOUR SIGNATURE

SIGNATURE _____ **DATE** _____

DATE _____

****ATTACH A COPY OF BOTH SIDES OF YOUR STATE ISSUED ID WITH PICTURE, DATA CLEARLY VISIBLE AND LEGIBLE**