**Application for Peddler Permit**

**Peddler Application must be filed a minimum of 14 days prior to sell date.**

|  |  |
| --- | --- |
| Full Legal Name: | Today’s Date: |
| Driver’s License # and State Issued: | Social Security #: |
| Vehicle License Plate Number: | (VIN) Number: |
| Vehicle Registration Info: | |
| Vehicle Description: | |
| Present Address: | |
| Permanent Address: | |
| Personal Phone #: | Main Office Phone #: |
| Full name of Company and Address: | |
| Full Name of Sales Manager and Address: | |
| Manager Phone #: | Manager Office Phone #: |
| List the exact products that are going to be sold: | |
| Criminal Record: | Traffic Record: |
| Physical Description: (Hair color, Eye color, Height, Weight, etc.) | |
| Full Names and Address of employees working under you in Glenwood: | |
| Length of Time will be Selling: | |
| Last 3 Towns in Minnesota where you sold the product: | |
| Filing Fee to cover the cost of investigation: $25.00  Fee Schedule- $10/Day, $25/Week, $50/Month, $100/Year  The Glenwood Police Department will process within 72 hours.  Include copy of Photo ID. | |

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Signature of Application Date

**AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

The following named individual has presented an application to the City of Glenwood for a Peddler’s Permit.

FIRST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIDEN, ALIAS OR FORMER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEX: □ MALE □ FEMALE

SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all Criminal History and DVS information to the Glenwood Police Department for the purpose of obtaining a Peddler’s Permit from the City of Glenwood.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

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Signature of Application Date