



**City of Watertown
Peddler, Canvasser, and Transient Merchant
SOLICITOR PERMIT APPLICATION**

NOTICE TO APPLICANTS: Please be advised that this application must be filled out completely and that failure to do so will result in the application being returned.

Date: _____

Name of Company or Organization: _____

Address: _____

Is this a Non-Profit Organization? Yes _____ **No** _____

Contractors License Number: _____

Minnesota Sales Tax Permit Number: _____

Telephone Number: _____ **Email:** _____

Names and Addresses of Officers/Directors of Organization:

1. _____
2. _____
3. _____

APPLICANT INFORMATION

Name: _____

Address: _____

Driver's License Number: _____ **Email:** _____

Date of Birth: _____ **Telephone Number:** _____

Nature of Business or Goods to Be Sold: _____

Proposed site/location where business will be conducted in Watertown. _____

(Written permission from property owner MUST accompany permit application)

HEART OF THE LUCE LINE TRAIL

List three (3) municipalities where applicant has conducted business immediately preceding date of this application. LIST CONTACT NAME AND PHONE NUMBER.

1. _____
City Contact Name Phone Number

2. _____
City Contact Name Phone Number

3. _____
City Contact Name Phone Number

Name, address, and telephone number of three (3) nonfamilial references who will certify as to the applicant(s) good character and business responsibility.

1. _____

2. _____

3. _____

List each person who will be soliciting.

I, the undersigned, being a duly authorized representative of the above named organization hereby certify that the above statements are true and correct. I am aware that that any misrepresentation herein will be the basis for automatic rejection of this application.

I have been provided a copy of CITY ORDINANCE NO. 189 and am willing to comply therewith, and am aware that failure to comply with this Ordinance will result in forfeiture of the license for which I am applying.

Signature of Applicant

*****CITY USE ONLY*****

I have on this date collected from applicant a permit fee in the amount of \$100.

Administrative Assistant Date

Referred to Carver County Sheriffs Department? Yes _____ No _____

Recommendation (if applicable) Approve _____ Reject _____

Reason: _____

APPROVED BY THE CITY OF WATERTOWN THIS _____ DAY OF _____, 20 _____.

COPIES: Applicant
City
Carver County Sheriffs Department

HEART OF THE LUCE LINE TRAIL