

**SOLICITOR LICENSE APPLICATION**

**Business Information**

---

Representing or soliciting for

Name of business, employer, or supplier

Business address

Street, City, State, Zip

Business phone

Business contact name:

Are you employed by the business? If yes, provide MN Business Tax ID Number:

7-digit no.

Are you an independent contractor for the business? If yes, provide your Social Security Number below.

**Personal Information of Applicant**

---

Legal Name of Applicant

First

Middle

Last

Permanent address

Current address

(If different than above)

Phone

Email address

Social Security Number (required per MN Stat. § 270C.72)

-

-

Description of vehicle and license number used when soliciting

*Title 3, Chapter 5, Section 3-5-6 of the Rosemount City Code states convictions within the last five (5) years for violation of any federal or state statute or regulation, or of any local ordinance, which adversely reflects on the applicant's ability to conduct the business for which the license is being sought in an honest and legal manner is grounds for denying a license. Violations shall include but are not limited to burglary, theft, larceny, swindling, fraud, unlawful business practices, and any form of actual or threatened physical harm against another person.*

**Have you been convicted of ANY felony, gross misdemeanor, or misdemeanor for violation of any state or federal status or any local ordinance, other than a minor traffic offense?** (Not only in the last 5 years but all total. Failure to provide all convictions could result in permit denial.)

If yes, provide date, place and offense on the reverse side of this application.

**Yes**

**No**

**Have you had a peddler, solicitor, or transient merchant license revoked within the last five (5) years?**

If yes, provide date and place on reverse side of this application

**Yes**

**No**

# Workers' Compensation Insurance

---

Provide workers' compensation insurance coverage as required by Minnesota law (per MN Stat. . § 176.181).

Insurance company name (not the agent)  
Policy number or self-insurance permit number  
Dates of coverage

(OR)

I am NOT required to have workers' compensation liability coverage because:

I have no employees covered by law      Other

## Notice and Notarized Signature

---

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial. If application is denied, a one-year waiting period is required before applying for a new license.

I, the undersigned, authorize the City to conduct a background investigation pursuant to City Code § 3-5-6.

The information requested on this form will be used by the City of Rosemount in the issuance of your license. The information that you supply on this form will become public information when received by the City of Rosemount. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

Subscribed and sworn to before me this

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

Printed Name

\_\_\_\_\_  
Notary Public

**Attach photocopy of identification.**

**Pay \$90.00 Fee**

### For Office Use Only

Date Rcvd/Paid	Fee Paid by	Cash	Credit Card	Check
Approved/Denied				