City of Zimmerman

12980 Fremont Avenue
Zimmerman, MN 55398

Telephone 763-856-4666 * Fax 763-856-4787
www.zimmerman.govoffice.com

APPLICATION FOR SOLICITOR LICENSE

Completed applications must be presented to the City Council for approval. Meetings are the *First and Third Mondays* of any given month. Incomplete applications will be held until all requirements are met. Applicant need not be present for consideration. Whoever knowingly and willfully falsifies the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

Applicant will supply the following AT TIME OF APPLICATION:

SOLICITOR APPLICATION FEE: $250.00

If a State of Minnesota license has been obtained for the sale of said merchandise, applicable:

STATE OF MINNESOTA PERMIT RECEIVED ON: _____ PERMIT NUMBER: _____

APPLICANT INFORMATION

DATE OF APPLICATION_____

APPLICANT'S NAME_____

PERMANENT ADDRESS_____ STATE_____ ZIP CODE_____

LOCAL ADDRESS_____

APPLICANT'S PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

EMPLOYER INFORMATION

NAME OF EMPLOYER or SUPPLIER_____

ADDRESS OF EMPLOYER_____ STATE_____ZIP CODE_____

EMPLOYER'S PHONE NUMBER_____ FAX NO. _____

LOCATION INFORMATION

Name of PROPERTY OWNER where goods will be sold _____

Mailing Address of Property Owner_____ STATE_____ZIP CODE_____

Property Owner's Phone Number_____ Fax No. _____

As Property owner or authorized agent, I hereby agree to, and allow the Applicant mentioned above to conduct business only as described in this completed application. _____

SIGNATURE REQUIRED

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS: _____

_____

PRODUCT OR GOODS TO BE SOLD: _____

TIME PERIOD IN WHICH THE APPLICANT WILL BE OPERATING: _____/_____/_____ TO _____/_____/_____

For office use only: Date Received: _____ Received by: _____ PAID: cash____ check #_____ Receipt #:_____

WHAT IS THE SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD? _____

_____

THE GOODS OR PROPERTY PROPOSED TO BE SOLD ARE CURRENTLY LOCATED AT THE FOLLOWING LOCATION: _____

THE PROPOSED METHOD OF DELIVERY OF THE GOODS OR PROPERTY IS: _____

_____

APPLICANT SHALL PROVIDE ANSWERS TO EACH OF THE FOLLOWING QUESTIONS:

HAS THE APPLICANT BEEN CONVICTED OF ANY FELONIES OR GROSS MISDEMEANORS, OR ANY CRIMES OF THEFT OR ISSUANCE OF A WORTHLESS CHECK WITHIN THE TEN MOST RECENT YEARS?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME OR CRIMES OF WHICH YOU HAVE BEEN CONVICTED:

_____

_____

HAS THE APPLICANT TAKEN ADVANTAGE OF ANY STATE OR FEDERAL BANKRUPTCY OR INSOLVENCY LAW OR PROCEEDING AS A BANKRUPT DEBTOR WITHIN THE TEN MOST RECENT YEARS?

☐ YES ☐ NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE SITUATION. _____

_____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF THE LICENSE APLICATION IS APPROVED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR SUSPENSION OF THE LICENSE.

Date_____ _____

(signature of applicant)

I, Kary Tillmann, duly appointed, qualified, and acting Clerk/Treasurer to the Council for the City of Zimmerman, County of Sherburne, State of Minnesota, do hereby certify that I have received the appropriate fee and all application criteria, and have presented same to the Zimmerman City Council, at their session held on the _____ day of _____, and witness Council approval thereof by my signature.

Witness my hand and official seal at Zimmerman, Minnesota, the _____ day of _____, 20_____.

_____

Kary Tillmann Clerk/Treasurer