



# City of St. Paul Park Solicitor License Application

**\$50/day**

Business Name: \_\_\_\_\_

Business Address (complete): \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

MN Tax ID Number: \_\_\_\_\_

Federal Business Tax ID Number: \_\_\_\_\_

Describe Item/Product: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Address (complete): \_\_\_\_\_  
\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Vehicle(s) to be used: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ Lic # \_\_\_\_\_ Color(s) \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ Lic # \_\_\_\_\_ Color(s) \_\_\_\_\_

Have you ever been convicted of any crime or violation of any ordinance other than a traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the time, place, offense and penalty imposed :  
\_\_\_\_\_

List three most recent cities where applicant conducted business as a solicitor:  
\_\_\_\_\_

Is your company a registered nonprofit, religious, charitable, patriotic or philanthropic organization?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy of the organization's tax exemption status.

**PLEASE NOTE: A General Authorization and Release of Private Data form must be completed by every individual applying to work in the City. Attach a copy of individual's photo identification.**

**City of St. Paul Park  
Department of Public Safety**

**General Authorization and Release of Private Data**

I hereby authorize and grant my informed consent to permit the Minnesota Bureau of Criminal Apprehension to release and to make available to the City of St. Paul Park Minnesota, and/or its agents and/or representative of the following types of private data:

- Criminal History
- Driver's License records for any and all states for which I have or currently am licensed
- Arrest Warrant information, including local, statewide and national sources of information

I understand my rights under Title 5, United States Code Section 552A, and the Minnesota Data Practices Act with regard to access and disclosure of Private Data. I hereby knowingly waive those rights with the understanding that information furnished will be used by the city of St. Paul Park in determining my suitability for licensure.

This authorization shall be valid for a period of one year. I reserve the right to cancel the written authorization at any time prior to the expiration, by providing written notice to the City of St. Paul Park of the fact.

I have provided some form of photo identification (ie. Driver's License, Passport) at time of application.

Full Name (First, Full Middle, Last)		Date of Birth
Signature		Date
Current Address		
City	State	Zip
Daytime Phone Number		
Email Address		