

APPLICATION FOR SOLICITOR'S LICENSE
CITY CODE SECTION 6.40

Name of Organization: _____

Address of Organization: _____ Phone No. _____

Purpose of Organization: _____

Officers & Directors of Parent Organization: _____

Form of Remuneration of Solicitors: _____

Full Name of Applicant: _____

(Last)

(Middle)

(First)

Address of Applicant: _____

Date of Birth: _____; Driver's License State/Number: _____

Vehicle License Number: _____ State Vehicle Registered In: _____

Type of Vehicle used when Soliciting: _____

Applicant's occupation & length of time so engaged: _____

Applicant's address and occupations for the three years preceding the date of application:

Name & address of Applicant's employers, if any, for the three years preceding the date of

application: _____

Whether or not applicant has ever been convicted of a felony or misdemeanor, including violation of a municipal ordinance but excluding traffic violations, and if so, the date and place of conviction and the nature of the offense:

Type of license and location of premises for which application is made: _____

At least four character references if applicant has not resided in the City for two years preceding the date of application:

Name	Address

Such other information as the Council shall deem necessary considering the nature of the business for which license application is made:

A photo ID, such as driver's license, etc., is required to be attached to this application.

Identification Verification/Background Check Completed by Law Enforcement:

Favorable - Unfavorable Signed: _____

I hereby certify that the above is true and complete and that I understand that the license applied for can be revoked for not complying with City ordinances and State laws. I further promise to abide by the provisions of City Code Section 6.40, et seq. and the terms and conditions of such license, should it be issued, as the same are made known to me by the City Administrator.

Dated this _____ day of _____, 20____.

(Applicant)

FEES (per individual)

- \$ 30.00 per day
- \$250.00 per month
- \$500.00 for six months

Solicitation Date(s) _____

APPROVED: _____ DATE: _____
City Administrator

LOCAL LAW ENFORCEMENT
Notification for Release of Information

You are hereby informed that the following agencies will be contacted for information in connection with the evaluation of your application for a _____ license.

_____ Bureau of Criminal Apprehension

_____ Local Family Service Agency

_____ Local County Sheriff's Department

_____ Other(Any other County/State that you have lived in for the past 5 years)

NATURE OF INFORMATION TO BE DISCLOSED

The owner is required to obtain background information regarding, the individual named below. The information may include criminal conviction data, arrest information, reports of abuse/neglect of children or adults, homicides, crimes against the person, coercion, criminal sexual conduct, incest, theft/burglary, arson, obscene phone calls, illicit drug/alcohol use and investigation results available from local, and state criminal record repositories.

The information will be disclosed to the owner of the property listed below:

Name of Business: City of Luverne

Address of Business: 305 E. Luverne St., PO Box 659, Luverne, MN 56156-0659

Phone Number of Business: (507) 449-2388

IDENTIFYING INFORMATION:

Full name of individual (including full middle name):

Date of Birth:

Current Address:

Driver's License #:

Social Security #:

List all addresses and counties that you have lived in within the past 5 years:

I hereby acknowledge that I have been notified of and understand the right to disclosure of information.

Dated: _____ Signature: _____