

**CITY OF TAYLORS FALLS  
APPLICATION FORM  
PEDDLERS, TRANSIENT MERCHANTS, SOLICITORS**

Name of Applicant: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Home address of applicant: \_\_\_\_\_

Address from which sales will be made, if a transient merchant: \_\_\_\_\_

Description of nature of business and goods to be sold: \_\_\_\_\_

Name & address of employer or principle supplier of applicant: \_\_\_\_\_

Attach a copy of credentials establishing exact relationship between applicant & employer.

State length of time for which right to do business is desired:

Date(s): \_\_\_\_\_ to \_\_\_\_\_

Hours: \_\_\_\_\_ to \_\_\_\_\_

License number(s) & description of vehicle(s) used in this business:

\_\_\_\_\_  
\_\_\_\_\_

Last municipalities where applicant carried on business:

If ever convicted of a crime, misdemeanor, or violation of any municipal ordinance, other than a traffic violation, state the nature of the offense & the punishment or penalty assessed:

Applicant must furnish photograph & copy of current driver's license.

Applicant Signature

Date

Fee Schedule:	\$50.00	Investigative
	\$50.00	Solicitors/day
	\$200.00	Solicitors/week
	\$50.00	Transient Merchant/day
	\$200.00	Transient Merchant/week
	\$50.00	Peddlers/day
	\$200.00	Peddlers/week

<b>CITY USE ONLY</b>	
<b>Approved</b>	<b>Denied</b>
_____	
<b>Signature</b>	<b>Date</b>
Paid _____	Check # _____