

Home Telephone	Work Telephone	Cell Phone
E-mail address: _____		
Driver's License Number: _____		State Issued: _____
Applicant's Signature: _____		

Describe the type of business: _____

General merchandise to be sold: _____

Location of business: _____

Zoning of business: _____

Property owner/agent name (print): _____

Property owner/agent telephone number: _____

Property owner/agent signature of permission: _____

Hours of operation: _____

Days of operation: _____

Names/information for people associated with you in this business

First Name:	Middle Name:	Last Name:
Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Full Address: _____

Home Telephone	Work Telephone	Cell Phone
E-mail address: _____		

Driver's License Number: _____	State Issued: _____
Applicant's Signature:	

First Name:	Middle Name:	Last Name:
Date of Birth:	Race:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Full Address: _____

Home Telephone	Work Telephone	Cell Phone
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E-mail address: _____

Driver's License Number: _____	State Issued: _____
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Applicant's Signature:

Other communities where you have registered for a permit (at least three of the most recent):

Have you ever been denied a permit in another municipality? Yes No If yes, why? _____

Have you ever been convicted within the last five years of any felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance, other than traffic offenses? Yes No

All permits require a background check to be completed prior to the permit being issued. A background check can take up to ten business days.

Informed Consent for Background Investigation for Permit Application
(A separate form must be filled out for each applicant, officer, and/or partner)

Please supply your driver's license so we may copy it for the background check. The following named individual has made application with this the City of Cambridge for a peddler's permit or transient merchant license. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the BCA's investigation.

PLEASE PRINT LEGIBLY

Last Name of Applicant	First Name (full name please)	Middle Name (full name)
Any Maiden, Alias or Former Name(s)		
Date of Birth (MM/DD/YYYY)	Sex	Race

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a peddler's permit or transient merchant license.

The authorization shall expire one year from the date of my signature.

Applicant's signature

Date

STATE OF MINNESOTA)
COUNTY OF ISANTI)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20_____.

Notary's signature

Date