

**All persons applying for a peddler's permit
must appear at the Kasson Police Department
in person with photo identification.**

PLEASE CHECK TO SEE THAT YOU HAVE:

1. Answered all questions.
2. Furnished the required documents.
3. **DO NOT SIGN** page 4 of the application until you are in front of a Notary Public and they say it is okay to do so.

If this information is not provided, your application will be **considered incomplete and returned to you.**

IMPORTANT - READ CAREFULLY

In accordance with the Minnesota Government Data Practices Act, the City of Kasson is required to inform you of your rights as they pertain to the private information collected from you. At the time of application for a City License, only your name and address are public information; all other information is private. After approval of your application for a license by the City Council, all information becomes public.

The information collected from you is used to review your qualifications for a license. If you do not supply the information, we will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for licensing an individual or company. Persons or agencies with whom this information may be shared include the City and County department personnel working with your program or license, contracted public auditors, law enforcement personnel and those individuals or agencies to whom you have given your written permission.

If you have any questions about the information asked of you on the City of Kasson license application, please contact the City Clerk, City Hall, 401 Fifth Street SE, Kasson, MN 55944-2204, 507-634-7071.



CITY HALL
401 5th Street SE
Kasson, MN 55944
(507)634-7071



POLICE DEPARTMENT
19 Main Street East
Kasson, MN 55944
(507)634-3881

Date: _____

The following individual has made application with the City of Kasson for a Peddler's Permit.

PLEASE PRINT:

Last Name of Applicant: _____

First Name of Applicant: _____

Full Middle Name of Applicant: _____

Maiden, Alias or Former Names: _____

Date of Birth: _____
Mo / Day / Year

Sex: M F

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension and the FBI to disclose all criminal history record information to: **Chief of Police - Kasson Police Department** for the purpose of an application for a Peddler's Permit for the City of Kasson.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

FOR OFFICE USE ONLY

Police Department Approval _____
Officer's Signature

License #

Date of Approval/Issuance _____

Permit Number _____ ICR # _____

FOR OFFICE USE ONLY

APPLICATION # _____

DATE RECEIVED _____

RECEIPT # _____

AMOUNT PAID _____

CITY OF KASSON, MINNESOTA
APPLICATION FOR PEDDLER'S LICENSE / PERMIT

Period during which solicitation is to be conducted (not to exceed three (3) months):

Starting date _____

Ending date _____

Name of Applicant: _____

Last

First

Complete Middle

Home Address: _____

Name of Business: _____

Business Address: _____

Phone (Business): _____ (Home): _____

Social Security Number: _____

Driver's License Number: _____ DL State _____

The following items must be completed and/or accompany the completed application.

1. Date of Birth _____

Sex: [] M [] F

Hair Color _____

Eye Color _____

Height _____

Weight _____

2. A brief description of the nature of the business and any foods to be sold:

3. If the goods are food items, the Dodge County Health Department or Minnesota Department of Agriculture must issue a permit. The number of the permit and date issued must be listed below before the City of Kasson can issue the Peddler's License.

Permit # _____

Date issued _____

4. Has the applicant or the business ever been convicted of a violation of an ordinance of the City of Kasson or any other municipality? Yes No

If yes, describe the nature of the violation, the date of the conviction and the name of the city involved. _____

5. Has the applicant ever been convicted of a violation of any statute of the United States, State of Minnesota or any other state? Yes No

If yes, describe the nature of the violation, the date of the conviction and the name of the state or other jurisdiction involved. _____

6. License number and description of each vehicle to be used in connection with the regulated activity:

Vehicle #1: License Plate # _____ License State _____

Make _____ Model _____ Year _____ Color _____

Vehicle #2: License Plate # _____ License State _____

Make _____ Model _____ Year _____ Color _____

7. References list (see page 4)

8. License fee \$50 per application (CASH, CHECK or CREDIT CARD)

Checks can be made payable to the **CITY OF KASSON**. Bring payment, application and all required supporting materials to the **Kasson Police Department**. If paying by credit card, an additional processing fee will be added to your payment amount.

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and that the City Council of the City of Kasson may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public _____

REFERENCES FOR PEDDLER'S LICENSE

1. _____
City Name Contact Person Title or Name

Permit: Granted Denied

If denied, describe the nature or basis for denial, if known.

Comments - CITY OF KASSON USE ONLY:

2. _____
City Name Contact Person Title or Name

Permit: Granted Denied

If denied, describe the nature or basis for denial, if known.

Comments - CITY OF KASSON USE ONLY:

3. _____
City Name Contact Person Title or Name

Permit: Granted Denied

If denied, describe the nature or basis for denial, if known.

Comments - CITY OF KASSON USE ONLY:
