



# City of Zimmerman

12980 Fremont Avenue  
Zimmerman, MN 55398

Telephone 763-856-4666 \* Fax 763-856-4787  
www.zimmerman.govoffice.com

## APPLICATION FOR SOLICITOR LICENSE

Completed applications must be presented to the City Council for approval. Meetings are the *First and Third Mondays* of any given month. Incomplete applications will be held until all requirements are met. Applicant need not be present for consideration. Whoever knowingly and willfully falsifies the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

### Applicant will supply the following AT TIME OF APPLICATION:

- SOLICITOR APPLICATION FEE: **\$250.00**
- COPY OF DRIVERS LICENSE(S)

If a State of Minnesota license has been obtained for the sale of said merchandise, applicable:

STATE OF MINNESOTA PERMIT RECEIVED ON: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_ MN Bus ID #, Federal ID#, or ITIN \_\_\_\_\_

APPLICANT INFORMATION

APPLICANT'S NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LOCAL ADDRESS \_\_\_\_\_

APPLICANT'S PHONE NUMBER \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

APPLICANTS EMAIL: \_\_\_\_\_

EMPLOYER INFORMATION

NAME OF EMPLOYER or SUPPLIER \_\_\_\_\_

ADDRESS OF EMPLOYER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

EMPLOYER'S PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

LOCATION INFORMATION

Name of PROPERTY OWNER where goods will be sold \_\_\_\_\_

Mailing Address of Property Owner \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Property Owner's Phone Number \_\_\_\_\_ FAX \_\_\_\_\_

As Property owner or authorized agent, I hereby agree to, and allow the Applicant mentioned above to conduct business only as described in this completed application.

### SIGNATURE REQUIRED

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS: \_\_\_\_\_

PRODUCT OR GOODS TO BE SOLD: \_\_\_\_\_

*For office use only:* Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ PAID: cash \_\_\_\_\_ check # \_\_\_\_\_ Receipt #: \_\_\_\_\_

TIME PERIOD IN WHICH THE APPLICANT WILL BE OPERATING: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_  
WHAT IS THE SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD? \_\_\_\_\_

THE GOODS OR PROPERTY PROPOSED TO BE SOLD ARE CURRENTLY LOCATED AT THE FOLLOWING LOCATION: -

THE PROPOSED METHOD OF DELIVERY OF THE GOODS OR PROPERTY IS: \_\_\_\_\_

APPLICANT SHALL PROVIDE ANSWERS TO EACH OF THE FOLLOWING QUESTIONS:

HAS THE APPLICANT BEEN CONVICTED OF ANY FELONIES OR GROSS MISDEMEANORS, OR ANY CRIMES OF THEFT OR ISSUANCE OF A WORTHLESS CHECK WITHIN THE TEN MOST RECENT YEARS?

YES

NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME OR CRIMES OF WHICH YOU HAVE BEEN CONVICTED:

HAS THE APPLICANT TAKEN ADVANTAGE OF ANY STATE OR FEDERAL BANKRUPTCY OR INSOLVENCY LAW OR PROCEEDING AS A BANKRUPT DEBTOR WITHIN THE TEN MOST RECENT YEARS?

YES

NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE SITUATION. \_\_\_\_\_

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF THE LICENSE APPLICATION IS APPROVED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR SUSPENSION OF THE LICENSE.

**APPROVED APPLICANTS WILL BE NOTIFIED BY EMAIL UNLESS REQUESTED OTHERWISE.**

**\*\*Issued permits are valid for one calendar year from approval date\*\***

Date \_\_\_\_\_  
(signature of applicant)

I, Kary Tillmann, duly appointed, qualified, and acting Clerk/Treasurer to the Council for the City of Zimmerman, County of Sherburne, State of Minnesota, do hereby certify that I have received the appropriate fee and all application criteria, and have presented same to the Zimmerman City Council, at their session held on the \_\_\_\_\_ day of \_\_\_\_\_, and witness Council approval thereof by my signature.

Witness my hand and official seal at Zimmerman, Minnesota, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Kary Tillmann

Clerk/Treasurer