



111 Hassan Street Southeast
Hutchinson, MN 55350
(320) 587-5151/Fax: (320) 234-4240

City of Hutchinson
APPLICATION FOR PEDDLERS, SOLICITORS, AND TRANSIENT MERCHANTS

Application Type (choose one)			
<input type="checkbox"/>	Solicitor	\$125.00	Date of Application _____
<input type="checkbox"/>	Transient Merchant	\$125.00	Date(s) of Event: _____
<input type="checkbox"/>	Peddler	\$125.00	
<input type="checkbox"/>	Parade Peddler	\$30.00	

Applicant Information	
2" X 2" Picture Required	
	Name: _____
	Height: _____ Weight: _____ Eye Color: _____
	Driver's License Number: _____ State: _____
	Permanent Address: _____
	_____ <i>City</i> _____ <i>State</i> _____ <i>Zip</i>
	Permanent Telephone: _____
	Temporary Address: _____
	_____ <i>City</i> _____ <i>State</i> _____ <i>Zip</i>
Temporary Telephone Access: _____	
Have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, state the nature of offense and punishment or penalty assessed therefore:	

Location Information			
<div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;"><i>Location Name (CANNOT OCCUPY PUBLIC RIGHT-OF-WAY)</i></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <i>Location Address</i> <i>City</i> <i>State</i> <i>Zip</i> </div> <p>If the applicant is not the property owner, the property owner must sign below granting permission for use of said property:</p> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> Property owner signature Property owner name </div>			

Business Information			
Describe relationship between applicant and employer:			
Describe nature of business and describe item(s) offered:			
Describe method of delivery:			
Describe source of supply:			
<i>Supplier Name</i>		<i>Supplier Phone Number</i>	
<i>Supplier Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Supplier Name</i>		<i>Supplier Phone Number</i>	
<i>Supplier Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Supplier Name</i>		<i>Supplier Phone Number</i>	
<i>Supplier Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Reference Information	
Provide two (2) property owners (preferably in McLeod County) for character references:	
<i>Property Owner Name</i>	<i>Property Owner Phone Number</i>

<i>Property Owner Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Property Owner Name</i>	<i>Property Owner Phone Number</i>		
<i>Property Owner Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

Reference Information (continued)			
List last (up to three (3)) previous city(ies) where you carried on same activity:			
<i>City</i>	<i>State</i>	<i>to</i>	<i>Date(s) of Activity</i>
<i>City</i>	<i>State</i>	<i>to</i>	<i>Date(s) of Activity</i>
<i>City</i>	<i>State</i>	<i>to</i>	<i>Date(s) of Activity</i>

Checklist
<p>The following items need to be completed and/or attached in order for the application to be processed:</p> <p>Application/Investigation fee paid in full (check or money order): <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Application completed in full and signed: <input type="checkbox"/> yes <input type="checkbox"/> no</p>

I hereby certify I have completely filled out the entire above application and that the application is true, correct, and accurate. I fully understand that any person who violates any provision of the Peddlers, Solicitors, and Transient Merchants Ordinance No. 673 is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00 or by imprisonment for a period not exceeding 90 days or both, plus, in either case, the costs of prosecution.

_____ *Applicant's Signature* _____ *Date*

Internal Use Only
<p>Police <input type="checkbox"/> approved <input type="checkbox"/> denied Notes: _____</p> <p>City Council <input type="checkbox"/> approved <input type="checkbox"/> denied Notes: _____</p>

Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information (Please Print)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).

Applicant's Signature

Date