



**City of Credit River**  
 18985 Meadow View Blvd., Prior Lake, MN 55372  
 952-440-5515  
[www.creditriver-mn.gov](http://www.creditriver-mn.gov)

**Office Use Only**

Date Received: \_\_\_\_\_

Return completed forms to : [Clerk@creditriver-mn.gov](mailto:Clerk@creditriver-mn.gov)

SOLICITORS REGISTRATION  PEDDLERS PERMIT  TRANSIENT MERCHANTS PERMIT

**SECTION 1: APPLICANT INFORMATION**

FULL NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**SECTION 2: BUSINESS/ORGANIZATION INFORMATION**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 TYPE OF BUSINESS TO BE CONDUCTED PRODUCT OR SERVICES SOLD: \_\_\_\_\_  
 \_\_\_\_\_  
 DATE OF PROPOSED BUSINESS OPERTION FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 (DAILY HOURS FOR SOLICITING: 9:00 AM TO 9:00 PM)  
 LIST ANY CITIES THAT HAVE ISSUED PERMITS TO YOU IN THE LAST 12 MONTHS: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3: BUSINESS/ORGANIZATION INFORMATION-VEHICLES**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR ANY VEHICLES TO BE USED:

MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE # \_\_\_\_\_ STATE: \_\_\_\_\_  
 MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ PLATE # \_\_\_\_\_ STATE: \_\_\_\_\_

**SECTION 4: CONSENT FOR RELEASE OF INFORMATION**

I authorize the City of Credit River to release criminal history data, as defined by Minnesota Statute 13.87.subd.1 and driver's license and traffic record data to the Clerk of Credit River, Treasurer, City Administrator and City Council for the City of Credit River. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the Sheriff of Scott County, Credit River City Administrator, City Treasurer, City Clerk and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Credit River to use this information to determine my eligibility to obtain a registration/permit.

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DISTINGUISHING MARKS AND FEATURES: \_\_\_\_\_

PLEASE LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY:

CONVICTED OF ANY FELONY, GROSS MISDEMEANORS OR MISDEMEANORS FOR VIOLATION OF ANY STATE OR FEDERAL STATUE, ANY LOCAL CODE PROVISION OR ANY LOCAL ORDINANCE, OTHER THATN TRAFFIC OFFENSES, PLEASE LIST:

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

APPROVED DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED STAFF: \_\_\_\_\_

TITLE: \_\_\_\_\_

PERMIT EXPIRATION DATE: \_\_\_\_\_



Please fill out this form only for:

Peddler Permit

Transient Merchant Permit

**SCOTT COUNTY COMMUNITY SERVICE DIVISION**  
**Customer Service Department**

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GOVERNMENT CENTER · 200 FOURTH AVENUE WEST · SHAKOPEE, MN 55379-1220  
(952)496-8150 • Fax (952)496-8761 • Web www.scottcountymn.gov

**AUTHORIZATION TO RELEASE**

**CRIMINAL HISTORY INFORMATION**  (initial)      **DRIVER'S LICENSE INFORMATION**  (initial)

To complete my license application process, which includes a background check, I hereby authorize the Scott County Sheriff's Office to release any and all criminal history and/or driver history information, **as indicated above**, on myself, to Scott County Customer Service. This information may include results of local, State, or other checks necessary to determine my criminal history. I understand that I have a right not to provide this information; however, failure to provide this information could result in an inability to obtain the license sought.

I hereby release all agencies involved, from any liability or damage which may result from furnishing the information requested.

**FULL (complete) NAME:** \_\_\_\_\_

**Maiden Names:** \_\_\_\_\_

**Other Names:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_      **SEX:** male      female

**RACE/NATIONALITY:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**DRIVER'S LICENSE#:** \_\_\_\_\_

**CURRENT STATE OF ISSUE:** .....

I understand that an investigation will be conducted to insure I, the applicant, meet the criteria for the license I have applied for. The results of the investigation will be shared with the Scott County Board as well as any other agency or department necessary for the completion of the licensing process.

This authorization may be rescinded in writing prior to the release of the requested information. This authorization expires one (1) year after the date of signature.

**A fax or photocopy shall be accepted as an original.**

**SIGNED:** ..... **DATE:** .....