



# City of Becker Peddler, Solicitor or Transient Merchant License Application

Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Eye Color \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
\_\_\_\_\_

Local Address (If Different): \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Name of Employer or Supplier: \_\_\_\_\_

Address of Employer or Supplier: \_\_\_\_\_  
\_\_\_\_\_

Phone Number of Employer or Supplier: \_\_\_\_\_

Address / area where merchandise is to be sold: \_\_\_\_\_  
\_\_\_\_\_

Give a brief description of nature of business, goods to be sold, and method of operation:  
\_\_\_\_\_  
\_\_\_\_\_

Length of time you intend to do business in the City: \_\_\_\_\_

Credential from firm authorizing you to act as a representative of company: \_\_\_\_\_  
\_\_\_\_\_

Source of supply of goods to be sold: \_\_\_\_\_

Place where merchandise is located at time of application: \_\_\_\_\_  
\_\_\_\_\_

Proposed method of delivery: \_\_\_\_\_

Have you ever been convicted of any crime, either felony or misdemeanor or violate any municipal ordinance, other than a traffic offense? \_\_\_\_\_

If yes, state the place and nature of offense and penalty assessed: \_\_\_\_\_

Name other municipalities where you carried on similar business immediately preceding this date and the addresses / area from which such business was conducted (not to exceed three):

If a vehicle is to be used provide year, make, model and color: \_\_\_\_\_

**ATTACH A RECENT PHOTOGRAPH OF YOURSELF, APPROXIMATELY 2" X 2" SHOWING YOUR HEAD AND SHOULDERS**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Date

***May take up to five business days for processing.***

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***Office Use Only***

Approved By:

\_\_\_\_\_  
Becker Police Department

\_\_\_\_\_  
Date

City Council Action: \_\_\_\_\_



# City of Becker

## Authorization And Release

In order to comply with State and Federal regulations, the City of Becker is required to ask for the information indicated below. The form will be filed separately from your application and will be used only for record keeping purposes.

The undersigned, having filed an application with the City of Becker for a \_\_\_\_\_ license, realizing that the city has a need to investigate the background and history, including NCIC criminal history background check, of the applicant in order to authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original copies or documents, records and other information to the City or any of its representatives, and to permit the City or any of its representatives to inspect and make copies of any such documents, records or other information. I further authorize any such person to answer any inquiries, questions or interrogations concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of an and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

_____ FIRST MIDDLE LAST NAME		
_____ ADDRESS		
_____ CITY, STATE, ZIP CODE		
_____ DATE OF BIRTH		
_____ NAME OF ORGANIZATION ASSOCIATED WITH		
_____ SIGNATURE OF APPLICANT		