



# City of Oak Park Heights

14168 Oak Park Blvd. N • Box 2007 • Oak Park Heights, MN 55082 • Phone (651) 439-4439 • Fax (651) 439-0574

## PEDDLER/SOLICITOR LICENSE

NAME OF APPLICANT \_\_\_\_\_

FIRST

MIDDLE

LAST

HOME ADDRESS: \_\_\_\_\_

STREET

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

STREET

CONTACT PERSON: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

PRODUCT DESCRIPTION: \_\_\_\_\_

PERISHABLE PRODUCT? \_\_\_\_\_ *IF YES, MINNESOTA DEPARTMENT OF HEALTH RULES MUST BE COMPLIED WITH AND EVIDENCE OF COMPLIANCE MUST BE DEMONSTRATED.*

### DESCRIPTION OF VEHICLES USED:

MAKE MODEL YEAR COLOR LICENSE PLATE NUMBER

MAKE MODEL YEAR COLOR LICENSE PLATE NUMBER

DATE OF BIRTH: \_\_\_\_\_ DRIVERS LICENSE NUMBER: \_\_\_\_\_

### PHYSICAL DESCRIPTION:

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PERMIT MUST BE CARRIED ON PERSON. FAILURE TO DO SO WILL BE IN VIOLATION OF OAK PARK HEIGHTS ORDINANCE #1403**

### FOR OFFICE USE ONLY

\$25.00 FEE PAID: \_\_\_\_\_

POLICE CHECK COMPLETED: \_\_\_\_\_

PERMIT START DATE: \_\_\_\_\_

RECEIPT NUMBER: \_\_\_\_\_

BY: \_\_\_\_\_

PERMIT END DATE: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

*(6 MONTH MAXIMUM)*