



CITY OF GAYLORD

428 Main Ave., P.O. Box 987
Gaylord, Minnesota 55334

Administrator's Office
(507) 237-2338
Fax # (507) 237-5121

SOLICITOR'S LICENSE APPLICATION

Form Revised: May 1, 2002

NAME _____
Last First Middle

HOME ADDRESS _____
Mailing Address Street Address

City State Zip Code

Home Phone () _____ Business Phone () _____

Date of Birth _____ - _____ - _____ Social Security Number _____ - _____ - _____

Drivers License Number _____ Licensed in Which State _____

Sex _____ Hair Color _____ Height _____ Weight _____

VEHICLE DESCRIPTION (If Applicable)

Model _____ Make _____ Year _____ Color _____

License Plate Number _____

Describe, in sufficient detail, the business being conducted and the product or services involved:

➔ APPLICATION CONTINUED ON THE BACK OF THIS FORM ←

SOLICITOR'S LICENSE APPLICATION

If employed, state the name and address of the employer _____

Method of delivery _____

Date(s) and hours of selling or soliciting _____

Source of supply of wares to be sold _____

Is the solicitation for a charitable, religious, patriotic or philanthropic purpose? _____

Have you ever been convicted of a crime _____ If yes, explain _____

List the last cities in order, not to exceed five, where you have carried on business preceding date of this application
(Include dates worked) _____

Registration Fee

Organizations whose purpose is charitable, religious, patriotic or philanthropic shall be required to complete this form, but are not subject to the fee. In these cases the License shall not exceed ninety (90) days in duration.

Fee: \$25.00 per day per person or \$150.00 per year for individual solicitors.
\$50.00 per day or \$300.00 per year for group solicitors (which consist of 2 or more individuals associated with the same organization or entity).

Bond Requirement: \$1,000.00 Surety Bond

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause for the denial or revocation of the requested license.

This license shall expire no later than (cannot exceed one year):

Signature of Applicant: _____ Date: _____

Signature of Authorized City Official: _____

Print (or type) Name and Title of City Official: _____