



City of Bayport
 294 North Third Street
 Bayport, Minnesota 55003
 Phone 651-275-4404
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 www.ci.bayport.mn.us

PEDDLER AND SOLICITOR REGISTRATION / LICENSE APPLICATION

Case #

Any person or organization wishing to go door to door selling goods or services within the city must first check with City Hall to determine whether a peddler and solicitor license is required. Please be advised that in most cases, a license is required and it may take up to 10 days for the city to issue the license. Licenses are issued for up to sixty (60) days. Each person engaging in peddler and solicitor activities must carry a valid peddler/solicitor license with them at all times. **Peddler and solicitor activities are allowed only Monday – Friday, 9:00 a.m. – 6:00 p.m.** (City Ordinance 22.160 – 22.172).

In order to be considered for a peddler and solicitor license, individuals/organizations must complete this form in its entirety, listing specific information for each person or applicant wishing to engage in peddler and solicitor activities. As part of the application process, a warrant/criminal history check will be conducted on each applicant. Applicants with a felony conviction are not eligible for a license or to engage in peddler or solicitor activities. A \$30.00 non-refundable fee per applicant is required with the application.

KEEP A COPY OF THIS PERMIT ON YOUR PERSON

Application Type	<input type="checkbox"/> New
	<input type="checkbox"/> Renewal (within 60 days after last license expiration)

Peddler and Solicitor Activities	
Dates: From	To
Location:	<input type="checkbox"/> Business District <input type="checkbox"/> Residential <input type="checkbox"/> City Park
Nature of business and/or goods to be sold:	

Organization / Employer Information	<input type="checkbox"/> Non-profit	<input type="checkbox"/> For-profit
Name:		
Mailing Address:		
Contact Name:		
Contact Phone Number (cellular, if applicable):		
Copy of a state-issued picture ID or driver's license attached for all individuals: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, please explain:		

Individual Applicant Information #1	Date of Birth:	
Name:		
<small>First</small>	<small>Middle</small>	<small>Last</small>
Mailing Address:		
Driver's License #:		State of Issue:
Vehicle Make:	Model:	Color:
Vehicle License Plate #:		State of Issue:

By signing this form, I agree to a warrant, criminal history, and records check.

Applicant Signature: _____ **Date:** _____

Individual Applicant Information #2	Date of Birth:	
Name:		
First	Middle	Last
Mailing Address:		
Driver's License #:		State of Issue:
Vehicle Make:	Model:	Color:
Vehicle License Plate #:		State of Issue:
<i>By signing this form, I agree to a warrant, criminal history, and records check.</i>		
Applicant Signature:		Date:

Individual Applicant Information #3	Date of Birth:	
Name:		
First	Middle	Last
Mailing Address:		
Driver's License #:		State of Issue:
Vehicle Make:	Model:	Color:
Vehicle License Plate #:		State of Issue:
<i>By signing this form, I agree to a warrant, criminal history, and records check.</i>		
Applicant Signature:		Date:

Individual Applicant Information #4	Date of Birth:	
Name:		
First	Middle	Last
Mailing Address:		
Driver's License #:		State of Issue:
Vehicle Make:	Model:	Color:
Vehicle License Plate #:		State of Issue:
<i>By signing this form, I agree to a warrant, criminal history, and records check.</i>		
Applicant Signature:		Date:

Please request a form for additional applicants, if necessary.

Office Use - Dept. Review		Officer Name	Date Approved
Initial background check	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Renewal record check	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Office Use - Fees	Amount Received	Method of Payment	Date Received
License fee - \$30.00 per applicant	\$ _____	<input type="checkbox"/> Check <input type="checkbox"/> Cash	