



**CITY OF TONKA BAY**  
4901 Manitou Road  
Tonka Bay MN 55331  
952-474-7994  
[www.cityoftonkabay.net](http://www.cityoftonkabay.net)

**PEDDLING  
PERMIT APPLICATION**

PERSONAL INFORMATION				
Legal Name				
Home Address				
City		State		Zip
Driver's License No.		Phone		

ORGANIZATION INFORMATION				
Org. Legal Name				
Org. Address				
City		State		Zip
Tax I.D. No.		Phone		
Org. Contact Person (Responsible for solicitors/ peddlers)				

PEDDLING/ SOLICITING SCHEDULE

PEDDLING/ SOLICITING LICENSE DURATION

PRODUCT/ SERVICE BEING PEDDLED/ SOLICITED AND METHOD OF SALE

LOCATION WORKING IN THE CITY

VEHICLE INFORMATION			
Make, Model, Year		Color	
License Plate No.		State	

Make, Model, Year		Color	
License Plate No.		State	

**IF APPLICANT HAS BEEN CONVICTED OF ANY FELONY, GROSS MISDEMEANOR OR VIOLATION OF ANY MUNICIPAL ORDINANCE IN THE LAST 5 YEARS, GIVE NATURE (place and date) OF THE OFFENSE AND THE PENALTY ASSESSED**

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**LIST OF THREE MOST RECENT LOCATIONS WHERE BUSINESS HAS BEEN CONDUCTED AS A PEDDLER/ SOLICITOR**

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**PROOF OF ANY REQUIRED HENNEPIN COUNTY LICENSE**

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**The application shall include the following in addition to the information above:**

A photograph of each applicant. The applicant must submit a photo taken within 60 days immediately prior to the date of filing of the application. The picture shall show the head and shoulders, hair color, eye color, distinguishing marks and features, and the like in a clear and distinguishable manner.

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

\_\_\_\_\_  
City Administrator Signature

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

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

*There may be a waiting period between the application and issuance of the license, during which period the City Administrator or designated employee shall make the investigation of the applicant's business moral character as he or she shall deem necessary for the protection of the public good. The issuance of the license shall be denied if the applicant and application is in violation of M.S. Chapter 329 or Section 420 of the City Code.*

THIS SECTION COMPLETED BY STAFF			
FEE	FOR	DATE PAID	STAFF INITIALS/ COMMENTS
\$65.00 (per applicant)	Application Fee		

**SOUTH LAKE MINNETONKA POLICE DEPARTMENT**

**24150 Smithtown Road  
Shorewood, Minnesota 55331-1913**

Brian J. Tholen  
Chief of Police

Office (952) 474-3261  
Fax (952) 474-4477

**AUTHORIZATION FOR BACKGROUND CHECK**

I, \_\_\_\_\_, hereby grant my informed consent to, and authorize the **South Lake Minnetonka Police Department** to conduct any and all inquiries they deem necessary for a background check for the purpose of: \_\_\_\_\_  
\_\_\_\_\_. This may include, but is not limited to, criminal history records; internal records; jail records; warrants; internal, confidential, public, or private court records, etc. I hereby release the **South Lake Minnetonka Police Department** from any and all liability for disclosing this public, private and/or confidential information about myself to my potential employer., \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name (*First-Middle-Last*)

\_\_\_\_\_  
Date-of-Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Staff Member Requesting Information  
(*Print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member