



# CITY OF AURORA

## APPLICATION FOR SOLICITOR LICENSE

### APPLICANT INFORMATION:

\_\_\_\_\_  
First Middle (No Initials) Last

\_\_\_\_\_  
Applicant Address

\_\_\_\_\_  
City, State, Zip

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

\_\_\_\_\_  
Applicant's Telephone No.

### BUSINESS INFORMATION:

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
State Tax ID No.

\_\_\_\_\_  
Federal Tax ID No.

TYPE OF ITEMS  
TO BE SOLD  
OR TRANSFERRED:

\_\_\_\_\_  
\_\_\_\_\_

Note: If selling food, please attach copy of license from the MN Department of Health for Retail Mobile Food

MN Dept of Health License No. \_\_\_\_\_ Exp Date: \_\_\_\_\_

LOCATION  
WHERE YOU  
WILL BE SELLING

\_\_\_\_\_  
\_\_\_\_\_

Note: You must have permission from landowner to set up display on private property. Do not park in handicapped parking areas.

PROPOSED DATES

\_\_\_\_\_  
\_\_\_\_\_

**PURSUANT TO MINNESOTA STATUTE 270.72 TAX CLEARANCE:**

ISSUANCE OF LICENSES: THE LICENSING AUTHORITY IS REQUIRED TO PROVIDE TO THE MINNESOTA COMMISSIONER OF REVENUE YOUR MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER AND THE SOCIAL SECURITY NUMBER OF EACH LICENSE APPLICANT.

UNDER THE MINNESOTA GOVERNMENT DATA PRACTICES ACT AND THE FEDERAL PRIVACY ACT OF 1974, WE ARE REQUIRED TO ADVISE YOU OF THE FOLLOWING REGARDING THE USE OF THIS INFORMATION:

1. THIS INFORMATION MAY BE USED TO DENY THE ISSUANCE, RENEWAL OR TRANSFER OF YOUR LICENSE IN THE EVENT YOU OWE THE MINNESOTA DEPARTMENT OF REVENUE DELINQUENT TAXES, PENALTIES OR INTEREST;
2. UPON RECEIVING THIS INFORMATION, THE LICENSING AUTHORITY WILL SUPPLY IT ONLY TO THE MINNESOTA DEPARTMENT OF REVENUE. HOWEVER, UNDER THE FEDERAL EXCHANGE OF INFORMATION AGREEMENT, THE DEPARTMENT OF REVENUE MAY SUPPLY THIS INFORMATION TO THE INTERNAL REVENUE SERVICES;
3. FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSING ISSUANCE OR RENEWAL APPLICATION.

**TENNESEN WARNING**

WHILE YOUR LICENSURE IS PENDING, THE INFORMATION SUBMITTED, EXCEPT YOUR NAME AND ADDRESS, ARE CONSIDERED PRIVATE AND WILL GENERALLY NOT BE DISCLOSED OUTSIDE THE CITY OF AURORA. IN CIRCUMSTANCES AUTHORIZED OR REQUIRED BY LAW, HOWEVER, IT MAY BE DISCLOSED TO OTHERS INCLUDING PERSONS CONTACTED FOR PURPOSE OF VERIFICATION OR INVESTIGATION, AND THE STATE OF MINNESOTA, AS PER MN STATUTE 270.72, SUBD. 4 LICENSING AUTHORITY, DUTIES. CERTAIN INFORMATION ON THE APPLICATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, WILL BE PROVIDED TO THE MINNESOTA DEPARTMENT OF REVENUE AT ITS REQUEST. IF THE MATTER OF YOUR LICENSURE BECOMES CONTESTED, THE INFORMATION SUBMITTED ON AN APPLICATION MAY BECOME PUBLIC.

ONCE YOU ARE LICENSED, THE INFORMATION SUBMITTED ON THE APPLICATION BECOMES PUBLIC, EXCEPT YOUR SOCIAL SECURITY NUMBER, WHICH REMAINS PRIVATE.

**BY SIGNING BELOW, THE INDIVIDUAL DOING SO INDICATES S/HE HAS READ AND UNDERSTANDS THIS NOTICE AND THE INTENDED USE OF PRIVATE DATA PROVIDED.**

The undersigned hereby agrees to operate in the City of Aurora in accordance with the regulations governing businesses as set forth in the City of Aurora City Code. It is understood that failure to conform or abide renders this license null and void.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\*\*\*\*\*

APPROVED TO SELL AS OF \_\_\_\_\_

EXPIRES \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF CITY OFFICIAL/REPRESENTATIVE

\_\_\_\_\_  
DATE

**TO BE COMPLETED BY POLICE DEPARTMENT**

**All Applicants must pass a criminal background check.**

Certification that the applicant has no past history of violating laws that are declared as unlawful as indicated in City Code, Chapter 111

Police Department Representative Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Notes \_\_\_\_\_