



City of Elko New Market
601 Main Street
PO Box 99
Elko New Market, MN 55020-0099
(952) 461-2777 / Fax (952) 461-2782

CITY OF ELKO NEW MARKET
SOLICITOR REGISTRATION

Date of registration: _____, 20____

I am a solicitor. (Will merchandise be delivered from a point outside Minnesota? yes no)

Exact number of day's registrant will be conducting business in Elko New Market: _____

Exact dates registrant will be conducting business in Elko New Market: _____ to _____

List all individuals to be covered by registration: _____

REGISTRANT INFORMATION (Please print)

Full Legal Name: _____
(Include any names used or known as in the past)

List all other names under which you conduct business or to which you officially answer: _____

Permanent Home Address: _____
(Street Address)
(City-State-Zip) Permanent Residence Phone: _____

List all address(es) and telephone number(s) where you can be reached while conducting business within the
City: _____

Drivers License Number: _____

E-mail Address: _____

Male Height: Weight: Hair Color:

Female Date of Birth:

Business Name: _____ Business/Other Phone: _____

Business Address: _____
(Street Address) (City-State-Zip)

List full legal name of any and all business operation(s) owned, managed, or operated by you, or for which you are an employee or agent: _____

Kind of business to be conducted; general description of merchandise to be sold or service to be provided:

Attach flyer, pamphlet, information or other regarding products to be sold. Attached.

Where are the products at the time the registration is turned in? _____

Where is the source of supply of products to be sold? _____

Proposed Method of delivery: _____

License plate and registration information for any vehicle to be used in conjunction with the registered business and a description of the vehicle(s):

1) _____
Make Color Model License Number State

2) _____
Make Color Model License Number State

3) _____
Make Color Model License Number State

Attach to this registration form:

Recent passport style photograph or copy of driver's license of each individual covered under the group registration. If current photograph is not available, each individual will be photographed at the City of Elko New Market to complete the solicitor registration process.

DATA PRACTICES ADVISORY: We are requesting this data to complete the registration process for solicitors. This data will constitute a public record. The data will be used to identify this registrant in city registration files, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements. In addition, this data can be shared by Elko New Market city staff, Department of Public Safety, Scott County staff, Bureau of Criminal Apprehension and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this registration indicates that you understand these rights.

READ THE FOLLOWING STATEMENT CAREFULLY, BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.

I have received a copy of the City of Elko New Market's Peddlers, Solicitors and Transient Merchants Ordinance and will familiarize myself with the contents therein, as they may be amended.

I further agree that I and all Associates will comply with all Federal and State laws and City of Elko New Markets' Ordinance, now in effect and as they may be amended in the future.

I have read the Data Privacy Notice included in this registration and understand its content.

I declare that all information provided in this registration is complete and truthful.

(Signature of Registrant)

(Date)

OFFICE USE ONLY

Date Received: _____, 20____ Date issued: _____, 20____

Expiration Date: _____ Approval: _____
City Official Signature