



505 Walnut Street, Suite 1
Monticello, MN 55362
Phone: 763-295-2711 Fax: 763-295-4404

PAYMENT INFO	
Amount \$	_____
Date	_____
Receipt #	_____

**REGISTRATION FORM
PEDDLERS AND SOLICITORS**

Name of Applicant: _____

Permanent Address: _____

Local Address: _____ PID (if city): _____

Cell Number of Applicant: _____

Description of goods to be offered for sale or nature of solicitation: _____

Business Name	_____
Address	_____
City, State & Zip Code	_____
Phone	_____

State the range of dates & days of week you will be soliciting and/or selling within the City (6 month maximum):

Dates/Days: _____ **Time of Day – limited to between Noon and 7 p.m.**

Vehicle Make/Model _____ Vehicle License Number: _____

Three municipalities, prior to this application, where you have conducted similar business activity or solicitations:

Municipality
1. _____
2. _____
3. _____

The information provided above is true and correct to the best of my knowledge.

Name: _____ Signed: _____

City Approval

The above applicant has met the registration requirements of the City's ordinance and provided a copy of their driver's license or state ID.

Name: _____ Date: _____