



**City of St. Paul Park**

600 Portland Avenue  
St. Paul Park MN 55071  
(651) 459-9785

**\$50/day**

**Solicitor License Application**

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

Business Address (complete): \_\_\_\_\_  
\_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

MN Tax ID Number: \_\_\_\_\_ Federal Business Tax ID Number \_\_\_\_\_

Describe Item/Product: \_\_\_\_\_

Dates Requested: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Address (complete): \_\_\_\_\_  
\_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Vehicle(s) to be used: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ Lic # \_\_\_\_\_ Color(s) \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_ Lic # \_\_\_\_\_ Color(s) \_\_\_\_\_

Have you ever been convicted of any crime or violation of any ordinance other than a traffic offense?

Yes \_\_\_ No \_\_\_ If yes, please provide the time, place, offense and penalty imposed :

\_\_\_\_\_

List three most recent cities where applicant conducted business as a solicitor:

\_\_\_\_\_

Is your company a registered nonprofit, religious, charitable, patriotic or philanthropic organization?

Yes \_\_\_ No \_\_\_ If yes, please provide a copy of the organization's tax exemption status.

**PLEASE NOTE: An Authorization to Collect, Use and Release Information form must be completed by every individual applying to work in the City. Attach a copy of individual's photo identification.**

