



**CITY ADMINISTRATOR'S OFFICE**

1307 Cloquet Avenue, Cloquet MN 55720

Phone: 218-879-3347 Fax: 218-879-6555

[www.cloquetmn.gov](http://www.cloquetmn.gov)

email: [kstarnold@cloquetmn.gov](mailto:kstarnold@cloquetmn.gov)

**Peddlers, Solicitors & Transient Merchants  
Registration Process**

1. A copy of the Cloquet City Code (Section 6.6) is enclosed for your reference. As an applicant, please read through this Code in its entirety prior to completing the application form.
2. Provide **individual** identifications (with full middle name, not initial) for each person going door-to-door during your campaign. Photocopy the "Authorization and Release" form and the "Police Records Liability Waiver" form to allow completion by **each employee** who is an officer of the corporation or doing the actual door-to-door solicitation.
3. Upon receipt by the City of your completed application, there will be a waiting period to allow for application review and completion of background investigation(s).
4. Upon being satisfied that such organization, association or corporation is a religious, charitable, patriotic or philanthropic organization, no further information will be required. The City Administrator shall notify the applicant that the application is approved or disapproved.

If you have any questions or need additional information, please contact:

City of Cloquet  
1307 Cloquet Avenue  
Cloquet MN 55720  
phone: (218) 879-3347  
email: [kstarnold@cloquetmn.gov](mailto:kstarnold@cloquetmn.gov)



**WILL THERE BE ANY COMMISSION, FEE, WAGES, OR EMOLUMENTS EXPENDED IN CONNECTION WITH SUCH SOLICITATION AND THE AMOUNT THEREOF:**

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**IF FUNDS ARE COLLECTED, WHAT WILL THEY BE USED FOR AND BY WHAT ORGANIZATION?**

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**LIST THE NAMES OF THE LAST THREE (3) CITIES WHERE YOU HAVE REGISTERED AND CONDUCTED BUSINESS FOR YOUR ACTIVITIES:**

City and Address	State

**Describe all vehicles that you will be using in your activities:**

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

**I HEREBY UNDERSTAND AND AGREE THAT:**

1. Information revealed herein for a license to solicit, sell, or distribute by religious, educational and charitable organizations in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

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Signature of Applicant

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Date

Print Name \_\_\_\_\_  
First Middle Last

List the Full (*last, first, full middle*) Name, Date of Birth, Permanent Address, Social Security #, Drivers License #, and description of ALL persons soliciting for said organization in this municipality during the period for which this application is made: (Attach additional sheets if necessary.)

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

**THE FOLLOWING INFORMATION MUST BE SUBMITTED WITH THIS APPLICATION:**

- Police Records Liability Waiver *(If going door to door, individual waivers will have to be signed by each employee)*
- Photocopy of current Driver's License
- Authorization & Release/Data Practices Advisory Form
- Minnesota Business Tax Identification Law Form
- Such organization, association or corporation shall furnish all of its members, agents or representatives conducting solicitation credentials in writing stating the name of the organization, name of the agent and purpose of solicitation.**

**Fees:**

No fee for background investigation

No fee for registration

## **Authorization & Release**

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

## **Data Practices Advisory (*Tennessee Warning*)**

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE  
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

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Signature of Applicant

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Date

## MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and 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 Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

License Type: \_\_\_\_\_

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION			
Name:	First	Full Middle	Last
Current Address:			
City:	State:	Zip Code:	
Social Security Number:			

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS
Federal Tax Identification Number:
Minnesota Tax Identification Number:

Signature: \_\_\_\_\_

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

**CLOQUET POLICE DEPARTMENT  
508 Cloquet Avenue - Cloquet, MN 55720**

**POLICE RECORDS LIABILITY WAIVER**

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

**License you are applying for:** \_\_\_\_\_

APPLICANT INFORMATION		
First Name:	Full Middle Name:	Last Name:
Current Home Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail address: <i>(if applicable)</i>		
Date of Birth:	Social Security Number:	
Driver's License Number:		
Other names by which applicant has been known, including maiden name, names from previous marriages or aliases:		
First Name:	Full Middle Name:	Last Name:
First Name:	Full Middle Name:	Last Name:
Business Name:		
Business Address:		
Business Phone Number:		

**I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:**

**X** \_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Date

**(Please submit copy of Driver's License)**