



Application for Solicitor License

2750 Kelley Parkway, Orono, MN 55356
Phone: 952-249-4600 / Fax: 952-249-4616
www.ci.orono.mn.us

Fee: **\$100 per solicitor**
Date Received: _____
Receipt #: _____

Applicant Information

Legal Name:	First Name	Middle Name	Last Name
Permanent Address (must be physical street address, no PO boxes) Street		City	State Zip Code
Address where you are staying locally (if different)		City	State Zip Code
Home Phone		Local/Cell Phone (available during hours of solicitation)	
E-Mail Address		Date of Birth	
Aliases or Maiden Name			
State Driver's License or State Issued ID Card Number (attach copy)		State Where License/ID was Issued	

Applicant addresses for five years immediately preceding the date of application

Street Address (must be physical street address, no PO boxes)	City	State	Zip Code
Street Address (must be physical street address, no PO boxes)	City	State	Zip Code
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Street Address (must be physical street address, no PO boxes)	City	State	Zip Code
Street Address (must be physical street address, no PO boxes)	City	State	Zip Code

Has the applicant been the subject of an investigation by any consumer protection agency, state attorney general, better business bureau or similar group? ____ No ____ Yes
If "Yes", please specify the type of investigation, the date of the investigation, the agency or office conducting the investigation, and the outcome. _____

Has the applicant or any of its agents, employees, or sub-contractors applied for a license pursuant to Minnesota Statutes, chapter 326. ____ No ____ Yes
If "Yes", please specify. _____

Does the applicant or applicant's employer hold any type of business license, i.e. building contractor?
____ No ____ Yes
If "Yes", please specify the type and license number. _____

Have you served a sentence in jail or prison or been convicted of a felony, gross misdemeanor or misdemeanor within the last five years for violation of any state or federal statute or any local ordinance, other than traffic offenses? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to the law. ____ No ____ Yes
If "Yes", please specify. _____

Business Information

Company/business that you own or manage (if applicable)

Company Name:	Company Phone		
Address (must be physical street address, no PO boxes)	City	State	Zip Code

Company that you are soliciting for (your employer):

Company Name:	Company Phone		
Address (must be physical street address, no PO boxes)	City	State	Zip Code
Supervisor's Name (must be available by phone during hours of solicitation)	Supervisor's Phone		

- **Employer to complete attached Tax Clearance Form**
- **Employer to complete attached Certificate of Compliance Minnesota Workers' Compensation Law**

Company whose products/services you sell (if different than above employer):

Company Name:	Company Phone		
Address (must be physical street address, no PO boxes)	City	State	Zip Code

Description of merchandise or services:

Type of Merchandise or Service Sold	
Source of Merchandise (where is merchandise now)	
Method of Delivery of Merchandise	
Dates of Activity (10 days maximum)	Hours of Activity

Three most recent locations where applicant has conducted business:

1	City Name (or area within larger city)	Year Business Conducted		
	Address	City	State	Zip Code
2	City Name (or area within larger city)	Year Business Conducted		
	Address	City	State	Zip Code
3	City Name (or area within larger city)	Year Business Conducted		
	Address	City	State	Zip Code

Bond Information (each applicant)

All applications for a solicitors license under this chapter shall be accompanied by a bond in the penal sum of one thousand dollars (\$1,000) executed by a surety company, conditioned upon making a final delivery of the goods ordered or services to be performed in accordance with the terms of such order, or failing therein, that the advance payment on such order be refunded. Any person injured or damaged by the action of any such solicitor shall have a right of action on the bond for the recovery of moneys or damages or both.

Is the bond attached? No Yes

Vehicle Information (for any vehicle to be used in conjunction with the licensed solicitor)

Registered Owner:	First Name	Middle Name	Last Name
Vehicle License Number			State Where Issued
Year	Make	Model	Color

Required Submittals

- Application, including Tax Clearance and Certificate of Compliance for Workers' Compensation forms
- Proof of state or county license (if applicable)
- Copy of valid legal identification
- Bond in the penal sum of one thousand dollars (\$1,000) executed by a surety company
- Payment of fee (check made payable to City of Orono)

Data Privacy Advisory and Signature

This application form requests information that may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide accurate information can result in denial of the license.

Per Chapter 30 of the Orono Minnesota City Code, a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant may be conducted to verify the information provided with the application.

I hereby authorize the City of Orono to have access to all sources of information that may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if I have been asked to provide that information.

I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Orono. The foregoing statements are true and correct to the best of my knowledge and belief. Application fee of \$100.00 plus actual costs up to \$1,500 for processing of application will be applicable.

Signature of Applicant: _____ Date: _____

For Office Use Only

Review by Administration:
 Approved Denied NA By: _____
 Date: _____

Review by Police Department:
 Approved Denied NA By: _____

Date: _____

Tax Clearance

Form SP-CI

LICENSE APPLICANT:

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 Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED: _____ Solicitor _____

LICENSING AUTHORITY: _____ City of Orono, Hennepin County, Minnesota _____

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name _____

Applicant's Address _____
City State Zip

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____
City State Zip

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number.
POLICY NO.	EFFECTIVE DATE
	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198. http://www.dli.mn.gov/CCLD/PDF/cclid_lic-04_workcomp.pdf