

**CITY OF CLEVELAND**

**Peddlers, Solicitors and Transient Merchants Application**

Please return to: **City Clerk’s Office  
City of Cleveland  
205 Fourth Street  
P.O. Box 309  
Cleveland, MN 56017  
Phone: (507) 931-6380**

**PERSONAL**

Name \_\_\_\_\_  
                          Last  First  MI

Present Address \_\_\_\_\_  
                          Number/Street  City  State  Zip

Residence Phone \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Work Phone \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Other Places of Residence in the past five (5) years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~~~~  
**Business Information**

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

Type of Business \_\_\_\_\_

Description of Merchandise to be Sold \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vehicle Information (License Number & State of Issue)

\_\_\_\_\_

| <i>Name of Solicitors (Print Full Name)<br/>Last, First, Middle</i> | <i>Position Held</i> | <i>Drivers License Number &amp; State<br/>(If N/A., must supply Date of Birth)</i> |
|---------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------|
|                                                                     |                      |                                                                                    |
|                                                                     |                      |                                                                                    |
|                                                                     |                      |                                                                                    |
|                                                                     |                      |                                                                                    |
|                                                                     |                      |                                                                                    |
|                                                                     |                      |                                                                                    |

Length of Time for Which License is Requested? \_\_\_\_\_

Place where business is to be carried on (Transient Merchants Only) \_\_\_\_\_

\_\_\_\_\_

*I certify that the above information is true and correct. I have reviewed the City of Cleveland, "Peddlers, Solicitors and Transient Merchants Ordinance and will comply with it provisions. I further hereby irrevocably consent to the Cleveland Police Department conducting a background check on me, prior to issuing a Peddler, Solicitor, and Transient Merchant License.*

Date: \_\_\_\_\_ Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Note: Incomplete Applications will not be processed.

**I have investigated the background of the person(s) who have made application for this license, and recommend / do not recommend that this application be approved.**

\_\_\_\_\_  
**Chief of Police / Mayor**

**I issued / did not issue a license to the applicant on this date.**

\_\_\_\_\_  
**City Clerk**

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