City of Clearwater
605 CR 75 NW
Clearwater, MN, 55320
Phone: 320-558-2428
www.clearwatercitymn.gov

PEDDLER / SOLICITOR / TRANSIENT MERCHANT PERMIT

Application for

☐ Peddler (Fee - $75.00) ☐ Solicitor (No Fee) ☐ Transient Merchant (Fee - $75.00)

Applicants Information

Name: _____

Permanent Address: _____

Local Address (if different from above)**:** _____

Phone Number: _____ **Email:** _____

DOB: _____ **Driver's License Number:** _____ **License State:** ____

Have you been convicted of a crime, misdemeanor, or non-traffic violation? ☐ Yes ☐ No

If yes, give details: _____

_____

Business Information

Business Name: _____

Business Address: _____

Employer Name: _____ **Employer Phone Number:** _____

Business Description: _____

Location of goods or products at time application is filed: _____

Method of delivery: _____

Vehicle Information

Make and Model: _____

License Plate Number: _____

I attest that the information in this application is true and correct. I agree to abide by all rules, regulations and provisions of the City of Clearwater Code of Ordinances, and all other applicable rules, regulations, and provisions of law by State and/or Federal law. I authorize investigation of all statements contained in this application. I understand misrepresentation or the omission of facts called for shall be just cause for the denial of the required permit.

_____ _____

Signature **Date**

Please submit completed forms and payments to City Hall:
Email to kgramsey@clearwatercitymn.gov or astrohschein@clearwatercitymn.gov
Mail to PO Box 9, Clearwater, MN 55320 or
In person at 605 CR 75 NW, Clearwater MN 55320 or drop box in rear parking lot

FOR CITY USE ONLY

PAYMENT RECEIVED

Fee:

☐ Peddler $75.00 ☐ Solicitor No Fee ☐ Transient Merchant $75.00

Date Paid: ____ / _____ / _____ Paid by: ☐ Check # _____ ☐ CC ☐ Cash

Amount Paid: $ _____ Payment Received By: _____

Is the registration form filled out completely: ☐ Yes ☐ No

Photo Id: ☐ Yes ☐ No

Background Check Approved: ☐ Yes ☐ No

Application Denied: _____

Reason for Denial: _____

Application Approved: _____ Expires: _____

Signature: _____ Date: _____