

Dates of Occupancy: _____

Telephone Number: _____

3. _____

Dates of Occupancy: _____

Telephone Number: _____

4. _____

Dates of Occupancy: _____

Telephone Number: _____

5. _____

Dates of Occupancy: _____

Telephone Number: _____

3. Description of vehicle(s) use for sales purposes:

Make and Year: _____ Model: _____

License Plate # & State of Issuance: _____ Color: _____

4. Place where the business is to be conducted: _____

5. Brief written description of the business, a description of the goods to be sold (including photographs or brochures) and the applicant's method of operation: (Employees must be listed on reverse side).

6. If employed, name and address of employer: _____

7. Length of time applicant intends to do business in the City, with approximate dates: _____

8. If a fixed site is used for display and sale of goods, written permission of the property owner must be provided.

Date: _____ Signature of Applicant: _____

Check by City Clerk:

(Signature) (Date)

Check by Centennial Lakes Police Department:

(Signature) (Date)

Council Action:

(Approved) (Date)

Council Action:

(Denied) (Date)



CITY OF CENTERVILLE

GENERAL AUTHORIZATION AND RELEASE

Pursuant to Minnesota State Statute §13.05, Subd. 4 Minnesota Data Practices Act

TO: City of Centerville

I, _____, hereby authorize and grant my informed consent to permit you, BCA, FBI, NCIC, Department of Motor Vehicles, and the City of Centerville to release to and make available to the City of Centerville/Centennial Lakes Police Department or their agents as assigned, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minnesota State Statute §13.02, Subd. 12, and has been collected by you as a result of my contacts and/or associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Centerville/Centennial Lakes Police Department or their agents to have access to this information is to determine my qualification for a transient merchant; peddler information/application.

This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Centerville/Centennial Lakes Police Department or their agents as assigned of that fact.

Signature

Date

Full Name Printed: First Middle Last

Date of Birth

(Attach Copy of Driver's License)

**SWORN TO AND ATTESTED BEFORE ME THIS ___ DAY OF _____
_____, 20__.**

Notary Public

(Seal)