ROGERS POLICE DEPARTMENT
21860 Industrial Court
Rogers, MN 55374
Main: 763-428-3450
Fax: 763-428-1900
www.rogersmn.gov

2025 SOLICITORS PERMIT APPLICATION

This application form requests information which 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 the information will result in a denial of the license.

Name of Applicant: _____

Aliases or Maiden Name/s: _____

Date of Birth: _____ Place of Birth: _____

Driver's License # (Include state if not MN) _____

Applicant Phone Number: _____

Physical Appearance: Sex: _____ Ht:_____ Wgt:_____ Eyes:_____ Hair:_____

Permanent Address: _____

Local Address: _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? **YES** / **NO**
If yes, state jurisdiction, type of violation, and disposition: _____

_____

Company Name: _____ Phone: _____

Address: _____

Supervisor's name: _____Phone Number: _____

Source of Goods Supplied: _____

Goods to be Sold: _____

Method of Delivery of Goods: _____

Dates and Hours of the day in which the activity will be done: _____

_____

Other cities where applicant conducted similar business immediately preceding the date of application and the address from which such business was conducted in those municipalities:

_____

Hennepin County Peddler's License # _____

If acceptable, applicant must provide proof of appropriate permission to operate on proposed site and a copy of the firm or individual's sales tax permit that must be posted at the site.

Motor vehicle to be used in connection with the proposed activity:

Make _____ Model _____

Year _____ Color _____

License Plate Number _____ State of Registration: _____

I HEREBY AUTHORIZE THE CITY OF ROGERS TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH 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 INFORATION. I AUTHORIZE THE CITY OF ROGERS TO PUBLISH MY INFORMATION ON THE CITY OF ROGERS WEBSITE.

I AGREE TO OPERATE SUCH BUSINESS IN ACCORDANCE WITH THE LAW OF MINNESOTA AND THE ORDINANCES OF THE CITY OF ROGERS. THE FORGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Applicant Signature _____Date: _____

Applications must include:

1) Two photographs of applicants (2x2) 2) Check to the City of Rogers for $250.00

- Each individual shall be separately licensed or certified when more than one individual is involved in a sales or solicitation activity
- No license shall be issued by the City unless all information has been provided by the applicant or sufficient reason has been given for failure to provide it
- Enforcement of the provisions of this permit shall be in accordance with applicable city codes. Violations of this permit shall be grounds for the immediate stoppage of the event or activity and for denial of future permit applications.
- All registrations shall be valid for the calendar year expiring on December 31 after their issue date.

FOR OFFICE USE ONLY: HAS BEEN APPROVED: YES / NO

_____ _____

SIGNATURE OF CHIEF OF POLICE/DESIGNEE DATE:

Background Investigation Consent Release
Information to be Used for Business License Processing

As a license applicant, I hereby authorize the Rogers Police Department Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Rogers, the Rogers Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: _____Type of License Applied for_____

Applicant: _____
First Full Middle Last

List All Aliases/Previous Last Names: _____

Date of Birth: _____

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature: _____Date: _____

Subscribed and sworn to before me this _____ day of _____ 20 _____ .

Notary:

Signature:

My commission expires:

Notary stamp here