

**All persons applying for a peddler's permit  
must appear at the Kasson Police Department  
in person with picture identification.**

*PLEASE CHECK TO SEE THAT YOU HAVE:*

- 1. Answered all questions*
- 2. Furnished the required documents*
- 3. **DO NOT SIGN** page 3 of the application until you are in front of a Notary Public and they say it is okay to do so.*

*If this information is not provided, your application will be **considered incomplete and returned to you.***

**IMPORTANT- READ CAREFULLY**

*In accordance with the Minnesota Government Data Practices Act, the City of Kasson is required to inform you of your rights as they pertain to the private information collected from you. At the time of application for a City License, only your name and address are public information; all other information is private. After approval of your application for a license by the City Council; all information becomes public.*

*The information collected from you is used to review your qualifications for a license. If you do not supply the information, we will not be able to determine your eligibility.*

*The dissemination and use of the private data we collect is limited to that necessary for licensing an individual or company. Persons or agencies with whom this information may be shared include the City and County department personnel working with your program or license, contracted public auditors, law enforcement personnel and those individuals or agencies to whom you have given your written permission.*

*If you have any questions about the information asked of you on the City of Kasson license application, please contact the City Clerk, City Hall, 401 Fifth Street SE, Kasson, MN 55944-2204, (507) 634-7071.*

Kasson Police Department  
19 E. Main Street  
Kasson, MN 55944  
(507) 634-3881



City of Kasson  
401 5<sup>th</sup> Street SE  
Kasson, MN 55944  
(507) 634-7071

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

The following individual has made application with the City of Kasson for a Peddler's Permit.

Last Name of Applicant (please print): \_\_\_\_\_

First Name (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Mo/Day/Year

Sex: M  F

Social Security Number (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension and the FBI to disclose all criminal history record information to: **Chief of Police – Kasson Police Department** for the purpose of an application for a Peddler's Permit for the City of Kasson.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*\*\*\*\*

FOR OFFICE USE ONLY

Police Department Approval \_\_\_\_\_  
(Officer Signature) (License#)

Date of Approval/Issuance \_\_\_\_\_

Permit Number: \_\_\_\_\_ ICR Number: \_\_\_\_\_

\*\*\*\*\*

APPLICATION# \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_  
RECEIPT# \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

**CITY OF KASSON, MINNESOTA**  
**APPLICATION FOR PEDDLER'S LICENSE/PERMIT**

Period During Which Solicitation is to Be Conducted (Not to Exceed Three Months)

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Complete Middle)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

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

Business Address: \_\_\_\_\_  
(Street Address, Not P.O. Box#)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone (Business) \_\_\_\_\_ (Home) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

The following items must be completed and/or accompany the completed application.

- 1. Date of Birth: \_\_\_\_\_ Sex: M  F
- Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_
- Height: \_\_\_\_\_ Weight: \_\_\_\_\_

- 2. A brief description of the nature of the business and any foods to be sold:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3. If the goods are food items, the Dodge County Health Department or the Minnesota Department of Agriculture must issue a permit. The number of the permit and date issued must be listed below before the City of Kasson can issue the Peddler's License.

Permit# \_\_\_\_\_

Date Issued \_\_\_\_\_

4. Has the applicant or the business ever been convicted of a violation of an ordinance of the City of Kasson or any other municipality? Yes  No

If yes, describe the nature of the violation, the date of the conviction and the name of the city involved. \_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever been convicted of a violation of any statute of the United States, State of Minnesota or any other state? Yes  No

If yes, describe the nature of the violation, the date of the conviction and the name of the state or other jurisdiction involved. \_\_\_\_\_  
\_\_\_\_\_

6. License number and description of each vehicle to be used in connection with the regulated activity:

**Vehicle #1** License Plate # \_\_\_\_\_ License State \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

**Vehicle #2** License Plate # \_\_\_\_\_ License State \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_

7. References list – See page 4 attached

8. License Fee \$50.00 per Application (CASH or CHECK only)

Make Check or Money Order payable to the CITY OF KASSON and return check, application and all required supporting materials to: **Kasson Police Department**

*I hereby certify that the information provide herein is true and correct to the best of my knowledge and belief, and that the City Council of the City of Kasson may rely on the accuracy of such information provided in determining whether or not a license should be issued.*

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

REFERENCES for PEDDLER'S LICENSE

List three area cities recently canvassed by you or others in your organization.

1. \_\_\_\_\_  
City Name Contact Person Title or Name

Permit: Granted  Denied

If denied, describe the nature or basis for denial if known.

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

Comments (City of Kasson use only):

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

2. \_\_\_\_\_  
City Name Contact Person Title or Name

Permit: Granted  Denied

If denied, describe the nature or basis for denial if known.

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

Comments (City of Kasson use only):

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

3. \_\_\_\_\_  
City Name Contact Person Title or Name

Permit: Granted  Denied

If denied, describe the nature or basis for denial if known.

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

Comments (City of Kasson use only):

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