

CITY OF AFTON SOLICITOR LICENSE REQUEST

License Fee: \$50.00

BUSINESS NAME: _____

Type of Business/Organization: _____

APPLICANT / CONTACT PERSON: _____

Contact Person Phone Numbers: _____

Current Business Mailing Address: *(PLEASE NOTE: If current address is a Post Office Box, a bona fide Street Address is required. Failure to provide a valid address may result in the denial of this application.)*

If address listed is current for fewer than five years, please provide previous address(es):

Provide names and contact information for individuals who will be working in Afton.

Describe items offered for sale OR organization for which you are soliciting funds:

Describe the specific areas in Afton you propose to solicit: *(See Ordinance Sec. 8-59 for prohibitions.)*

Length of time license will be needed: Start Date: _____ **End Date:** _____

Signature of Applicant

Title of Applicant

Date

CITY OFFICE USE ONLY

FEE PAID: _____ CASH: RECEIPT# _____ CHECK: # _____ DATE: _____

AUTHORIZED BY (City Staff Signature): _____ DATE: _____

COPY SENT TO WASHINGTON COUNTY SHERIFF: _____ BY (Staff Initials): _____ DATE: _____

15015 62ND Street North, P.O. Box 3801, Stillwater, MN