

CITY OF AFTON  
SOLICITOR LICENSE REQUEST

License Fee: \$50.00

**\*\*PLEASE INCLUDE A COPY OF YOUR DRIVER'S LICENSE AS WELL AS THE BCA PREDATORY OFFENDER RELEASE FORM WITH THIS APPLICATION\*\***

**BUSINESS NAME:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**APPLICANT / CONTACT PERSON:** \_\_\_\_\_

**Contact Person Phone Numbers:** \_\_\_\_\_

**Contact Person Email Address:** \_\_\_\_\_

**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. 111.02 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: \_\_\_\_\_

## INFORMED CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize City of Afton to provide my: full name, previous name(s), date of birth, social security number, driver's license number, home address and previous addresses to the Washington County Sheriffs Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, the National Crime Information Center, Federal Bureau of Investigation, and any other law enforcement agencies with which I have had contact that has records about me, in order to determine my suitability to be issued a peddler's/solicitor's permit from the City of Afton.

I, \_\_\_\_\_, authorize the Washington County Sheriff's Office, the Minnesota Bureau of Criminal Apprehension, Department of Driver and Vehicle Services, and other law enforcement agencies with which I have had contact, to release any public, private, or confidential information pertaining to my driver's license record, Bureau of Criminal Apprehension records and/or National Crime Information Center records and any and all other offense report records to the City of Afton Department of Human Resources in order to determine my suitability to be issued a peddler's/solicitor's permit from the City of Afton.

***I understand that this written consent is valid for one year, but that it may be revoked by me at any time prior to the one year expiration, except to the extent that action has been taken in reliance upon it. I can revoke this consent by filing a written request with the City of Afton Department of Human Resources terminating the consent. I also understand that this data and related criminal history records check is defined by Minn. Stat. § 13.43 as personnel data and shall be treated as such.***

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

Signature: \_\_\_\_\_

**Tennessen Warning:** Some or all of the information that you are asked to provide is classified by Minnesota State law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.



**INFORMED CONSENT  
RELEASE OF PREDATORY OFFENDER  
REGISTRATION DATA**



PLEASE PRINT LEGIBLY - USE COMPLETE NAME, INCLUDING MIDDLE NAME

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden or Former Last Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I hereby authorize and grant my informed consent to the Minnesota Bureau of Criminal Apprehension to release to Washington County and the City of Afton any information contained about me in the Minnesota Predatory Offender Registry, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension, Washington County and the City of Afton from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

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