



CITY OF LITTLE CANADA

515 Little Canada Road East, Little Canada, MN 55117 • Phone: 651-766-4029 • Fax: 651-766-4048  
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Application for Solicitor/Peddler Permit

# \_\_\_\_\_

|   |         |                 |                |
|---|---------|-----------------|----------------|
| Permit applying for (please check one)  |         |                 |                |
| <input type="checkbox"/> Solicitor <input type="checkbox"/> Peddler <input type="checkbox"/> Transient Merchant <input type="checkbox"/> Non-Commercial Door-to-Door Advocate |         |                 |                |
| Business, Organization, or Individual making application  |         |                 |                |
| Applicant Name:   |         |                 |                |
| Business/Organization Name (if not individual):   |         |                 |                |
| Address:  |         | City:           | State:    Zip: |
| Phone #   | E-mail: |                 |                |
| Local Contact Person (if different than above)  |         |                 |                |
| Name:   |         | Contact Phone # |                |
| Address:  |         | City:           | State:    Zip: |
| E-mail:   |         |                 |                |
| DETAILS   |         |                 |                |
| Describe purpose/reason for this permit request:  |         |                 |                |
| Dates & Hours you intend to work in the City of Little Canada:<br><i>(Soliciting hours are 9:00am-8:00pm, Monday thru Saturday. NO soliciting on Sundays)</i>                 |         |                 |                |
| SOLICITOR / PEDDLER / TRANSIENT MERCHANT complete the following:  |         |                 |                |
| Number of persons working under this permit: _____ (submit a background check form for each person.)  |         |                 |                |
| Attach a description of all vehicles which will be used. Include year, make, model, color, license #, and State of issue.   |         |                 |                |
| If selling a product, will it be delivered at time of sale? <input type="checkbox"/> No <input type="checkbox"/> Yes  |         |                 |                |
| Last three municipalities within the State of Minnesota where you solicited/peddled:  |         |                 |                |
| Has your license ever been revoked in another city? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach explanation)   |         |                 |                |
| NON-COMMERCIAL DOOR-TO-DOOR ADVOCATE complete the following:  |         |                 |                |
| Number of persons working under this permit: _____ (attach complete list of names)  |         |                 |                |
| Fee is waived for non-commercial door-to door advocates.  |         |                 |                |

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ \$50 Admin Fee     Fee Waived

Approved By \_\_\_\_\_  
Date \_\_\_\_\_