



Solicitation Registration

City of Austin ♦ 500 4th Avenue NE
Austin, MN 55912

507-437-9940

www.ci.austin.mn.us

Submit to: licensing@ci.austin.mn.us

SECTION A. Agency Information

Name of Agency or Organization:

Street:

City:

State:

Zip:

Brief description of the nature of the business or solicitation and goods to be sold:

Do you use a contract? No ☐ Yes ☐ If yes, please attach a copy.

SECTION B. Applicant Information

Applicant Name:

Email Address:

Local Address:

Local Phone Number:

Permanent Address:

Permanent Phone Number:

List other Minnesota cities where you have registered or applied for a solicitor's permit:

Beginning Date

Ending Date:

SECTION C. Vehicle information

Make/Model:

Color:

Year:

License Number:

I certify that the information provided on this form is accurate and complete.

SIGNATURE

DATE SIGNED