

OFFICE USE ONLY

Date: _____

iWorQ Entry. _____



City of Austin Solicitor Registration

City of Austin ♦ 500 4th Avenue NE
507-437-9940

www.ci.austin.mn.us

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

No Fee

SECTION A: Applicant information			
Applicant Name:		Email Address:	Phone Number:
Address:		City:	State: Zip:
Business/Agency/Organization Name:			Business Phone:
Business Address:		City:	State: Zip:
Brief description of the service or products to be sold:			
Beginning date of sales:	Ending date of sales:	Do you use a contract? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach a copy.	
SECTION B: For Transient Merchant License only – Solicitors can skip this section			
Location (no more than 14 consecutive days):			
SECTION C: Applicant's physical description and background information			
Date of Birth:	Place of Birth:	Eye Color:	Hair Color:
Driver's License Number:	Issuing State of Driver's License:	Height:	Weight:
Vehicle Make:		Vehicle Model:	Vehicle Color:
Vehicle Year:		Vehicle License Number:	State:
List three other Minnesota cities where you have registered or applied for a permit for your activities:			
List locations (City/State), dates and offenses of any felony, crime or violation of any ordinance, other than traffic:			
Has applicant ever used or been known by a different name? If yes, give full details (name, date and places used).			

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

SIGNATURE

DATE SIGNED