

PAID) :			
RECI	EIPT #:			
TR	ANSIENT MERC	CHANT, PE	DDLER INFO	ORMATION/APPLICATION
corpo	orate City Limits, the Cond all persons or firms	City has detern	nined that the follo	with the best quality of life within its owing information be received from or sales and/or setting up a temporary
1.	Name and description information on a sep		: (If more than or	ne person, attach the following
	Name:			
	Name:(First	t)	(Middle)	(Last)
	Eyes:	На	ir:	Height:
	Weight & Build:			Date of Birth:
	Drivers License #:			icense)
		(Include a c	opy of Driver's L	icense)
2.	Permanent Home A	ddress: 1		
		_		
	Dates of Occupancy	:		
	Telephone Number:	<u>-</u>		
		2.		
		2. _		

FEE: \$80.00 Background Check & \$60.00/30 Days w/60 Day Maximum

	Dates of Occupancy:					
	Telephone Number:					
		3				
		3.				
	Detay of Occupancy					
	Dates of Occupancy:					
	Telephone Number:					
		4.				
	Dates of Occupancy:					
	Telephone Number:					
		5.				
	Dates of Occupancy:					
	Telephone Number:					
3.	Description of vehicle(s) use for sales purposes:					
	Make and Year:		Model:			
	License Plate # & State of	Issuan	ce: Color:			
4.	Place where the business is to be conducted:					
••	Trace where the outsiness i					
5	Priof written description of	f tha b	usiness a description of the goods to be sold (including			
5.	Brief written description of the business, a description of the goods to be sold (including photographs or brochures) and the applicant's method of operation: (Employees must be listed on reverse side).					

If ampleyed name on	laddwag of ammlayam		
ii employed, name and	l address of employer:		
	-		
	-		
Length of time applica	nt intends to do busines	s in the City, wit	h approximate dates
If a fixed site is used for owner must be provided	or display and sale of go	oods, written peri	mission of the prope
	onvicted of a crime or charge traffic violations?		
	e of conviction, the natuicket number or case nu		
information such as a t		ımber	
information such as a t	icket number or case nu	ımber	
information such as a t	icket number or case nu	ımber	
information such as a t	icket number or case nu	imber.	
information such as a t	icket number or case nu	imber.	
Date:	icket number or case nu	imber.	
Date: Check by City Clerk: (Signature)	icket number or case nu	plicant:	

(Date)



TO: City of Centerville

CITY OF CENTERVILLE

GENERAL AUTHORIZATION AND RELEASE

Pursuant to Minnesota State Statute §13.05, Subd. 4 Minnesota Data Practices Act

200 only of content time	
I,	ial Lakes Police Department or their agents me and which may be in your possession. private data, as defined by Minnesota State by you as a result of my contacts and/or statives. The information for which release collected, created, received, retained or relates to my dealings with you or your gethe City of Centerville/Centennial Lakes to this information is to determine my stion/application. (1) year, but I reserve the right to, at any orization by providing written notice to the
Signature	Date
Full Name Printed: First Middle Last	Date of Birth
(Attach Copy of Driver's License)	
SWORN TO AND ATTESTED BEFORE ME THI 20	IS DAY OF,

Notary Public

(Seal)