

City of Dundas

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Manner of which goods shall be delivered to customer: _____

Has the applicant been convicted of any crime? _____ If yes, the nature _____

Length of time for permit (Maximum one year): From _____ To _____

Description of any vehicle which applicant will use while engaged in the business of a peddler or solicitor within the City of Dundas:

Year _____ Make _____ Model _____ Color _____

License No. _____ State of Issue _____

License Fee \$125.00 Per Application (Non-Refundable)

I, the undersigned applicant, make this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the City Council of the City of Dundas may from time to time prescribe. I acknowledge receipt of City of Dundas Ordinance No. 1103 relating to the regulation of peddlers/solicitors/transient merchants. I verify that the above information contained in this application is correct to the best of my knowledge.

Signature

Date

City of Dundas Office Use:

Background check completed on: _____ Payment Received: _____

Comments: _____

Chief of Police Signature: _____ Date: _____

Todd Hansen

Issued: _____ Denied: _____ By: _____

(Date)

(Date)

Jenelle Teppen, City Administrator

City of Dundas

CITY PERMIT APPLICATION BACKGROUND INVESTIGATION REQUEST

NOTE: *If more than one person is making application, please prepare a separate information sheet for each Applicant.*

DUNDAS CITY POLICE DEPARTMENT: RECORDS/PATROL DIVISION

THE CITY OF DUNDAS requests a background check for:

Liquor License Application	_____	Gambling/Pull-Tab Application	_____
Liquor License Annual Review	_____	Background Investigation	_____
Other: _____			

APPLICANT (DRIVER) NAME:

_____	_____	_____
Last	First	Full Middle Name

Other name(s) by which applicant has been known, including maiden name, names from previous marriages or aliases:

_____	_____	_____
Last	First	Full Middle Name

Present Address: _____
Street City/State/Zip

Work Phone: _____ Home/Cell Phone: _____

DATE OF BIRTH: _____ / _____ / _____
Month Day Year

Drivers License Number: _____ State of Issue: _____

Name of establishment or organization where business will be conducted pursuant to the license:

Address of establishment or organization where business will be conducted pursuant to the license:

This information is needed by: _____ (Date)

City of Dundas

GENERAL AUTHORIZATION AND RELEASE PURSUANT TO MINNESOTA STATUTES 13.05, SUBD. 4, MINNESOTA DATA PRACTICES ACT

NOTE: *If more than one person is making application, please prepare a separate release for each applicant.*

TO: Dundas City Police Department

I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Dundas, MN and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data that has been collected, created, received, retained, or disseminated in whatever form that in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Dundas to have access to this information is to determine my suitability for a license/permit application and/or renewal.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Dundas from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Dundas or to you of that fact.

Signature

Date

Full Name - Printed

Date of Birth

Subscribed and sworn to before me this _____ day of _____, 20____

_____, Witness OR Notary Public
(Signature) (If notary apply stamp)

Print Name: _____

Please return to:

City of Dundas
100 Railway Street N
PO Box 70
Dundas, Minnesota 55019-0070
Phone: 507.645.2852