



**CITY OF LITTLE CANADA**  
**APPLICATION FOR SOLICITOR'S/PEDDLER'S PERMIT**

515 Little Canada Road East, Little Canada, MN 55117  
Phone (651) 766-4029 - Fax (651) 766-4048

**Individual, organization, or business making application:**

Permit # \_\_\_\_\_

Applicant's Name \_\_\_\_\_ **Administrative Fee: \$50.00**

Organization's Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Contact person for processing application (local information):**

Name \_\_\_\_\_

Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Number of persons soliciting/peddling:** \_\_\_\_\_

(Attach a Ramsey County Sheriff's Department background check form for each person soliciting/peddling within the City of Little Canada.)

**Purpose of solicitor request:**

\_\_\_\_\_

**If selling a product, will it be delivered at time of sale?** Yes [ ] No [ ]

**Dates & times you intend to solicit/peddle in the City of Little Canada:**

(No soliciting on Sundays. **Soliciting hours are 9:00am - 8:00pm , Monday thru Saturday**)

\_\_\_\_\_

**Last five municipalities within the State of Minnesota where you solicited/peddled:**

\_\_\_\_\_

\_\_\_\_\_

**Attach a description of all vehicles which will be used, include year, make, model, color, license #, and State of issue.**

**Has your license ever been revoked in another city? Yes or No (circle one)**

If yes, why? \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

\_\_\_\_\_ Date

**FOR OFFICE USE ONLY**

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

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_