

**RAMSEY COUNTY SHERIFF'S DEPARTMENT  
RECORDS DIVISION**

**The City of Little Canada requests a background check for Solicitor/Peddler Permit.**

**Please Print**

<b>Applicant's Full Name</b>	First	Full Middle	Last	
Home Address:		City:	State:	Zip:
Contact Phone Number:				
Date of Birth ____/____/____		Check one: ____ Male ____ Female		
Driver's License Number:			State of Issue:	

*Name of Business/Organization working for* \_\_\_\_\_

I understand the information provided in this form may be considered private or confidential data. I further understand that I may not be required by law to provide such information. The purpose of providing such information is to aid the City of Little Canada in its determination of approval of my application for a license or permit.

I acknowledge that providing, or failing to provide such information may affect the City's determination. I understand this information will be made available to the City of Little Canada, its City Council, agents and representatives, as well as any other person or entity authorized by law to receive said information. I release the City of Little Canada from any and all liability for its receipt and use of data received pursuant to this application.

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

<b>FOR OFFICE USE ONLY</b>	
Date Needed By: _____	City Contact: _____
Comments: _____ _____ _____	Phone: 651-766-4029  Approved _____ Denied _____