



CITY OF FREEPORT

125 Main Street E – PO Box 301 – Freeport, MN 56331 – 320-836-2112 – FAX 320-836-2116
 For TTY/TDD Users 1-800-627-3529 or 711 Minnesota Relay Service www.freeportmn.org

Transient Merchants, Peddlers, and Solicitors

APPLYING FOR		
10-DAY (\$50.00)	30-DAY (\$100.00)	90-DAY (\$150.00)

NAME OF FIRM OR AGENCY			
ADDRESS			
CITY, STATE, ZIP			
PHONE			
1	FIRST	MIDDLE	LAST
	DRIVER'S LICENSE		STATE
2	FIRST	MIDDLE	LAST
	DRIVER'S LICENSE		STATE
3	FIRST	MIDDLE	LAST
	DRIVER'S LICENSE		STATE
4	FIRST	MIDDLE	LAST
	DRIVER'S LICENSE		STATE
TYPE OF PRODUCT SELLING			
LENGTH OF TIME SALE CONDUCTED			
TAX NUMBER			
All applicants and/or sales people must complete the attached criminal background check consent form. License will be issued/denied within ten (10) days of receipt of complete application including fee. All information provided herein is true to the best of my knowledge.			
REPRESENTATIVE SIGNATURE			DATE
CITY CLERK			DATE