



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

SOLICITOR FOR-PROFIT REGISTRATION **ADDITIONAL SOLICITORS**

FEE OF \$25.00 MUST BE SUBMITTED ALONG WITH REGISTRATION APPLICATION

Original Registration #:	Expiration Date:
Company Name	
Contact Person:	Phone Number (including area code):
Type of Business/Product/Service that will be solicited:	



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**ADDITIONAL SOLICITOR REGISTRATION FORM (PHOTOCOPY AS NEEDED)
 MUST BE COMPLETED BY EACH INDIVIDUAL THAT WILL BE SOLICITING**

**ATTACH COPY OF CURRENT PHOTO IDENTIFICATION. ADDRESS ON
 REGISTRATION FORM MUST MATCH ADDRESS ON PHOTO IDENTIFICATION**

SOLICITOR # _____ :

Full Name (first, middle, last):	Date of Birth:
Home Address (including City, State, Zip):	
Phone Number (including area code):	* you must attach a copy of a current photo identification (ex. Driver's License, State issued I.D. or Passport)

BACKGROUND INFORMATION:

1. Have you ever been convicted of a misdemeanor or felony violation of local ordinances or state laws, with the exception of misdemeanor traffic violations? No Yes (provide details, attach additional sheets as necessary)

Type of conviction:
Date of conviction:
Location (City & State):

2. In the past five (5) years, have you applied for or held a registration to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details - attach additional sheets as necessary)

Business Name:	Date(s) held:
Location (City & State):	
Business Name:	Date(s) held:
Location (City & State):	

3. In the past five (5) years, have you been denied a registration, or had a registration suspended or revoked, to conduct a like or similar activity in any other City or State, not including Anoka? No Yes (provide details, attach additional sheets as necessary)

City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	
City & State:	Date of denial/suspension/revocation:
Reason for denial/suspension/revocation:	

4. Have you ever been known by a name other than your true name listed above? No Yes (provide details)

Aliases:

5. List two (2) of your previous addresses, immediately prior to your present address:

Address #1:
Address #2:

STATEMENT OF APPLICANT APPLYING FOR REGISTRATION

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.ci.anoka.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this activity.

Signature of Applicant: _____ Date: _____



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____