



**NO FEE**

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

## **NON-PROFIT CANVASSER/SOLICITOR REGISTRATION**

NOTE: Once the registration is approved and issued, it is the Registrant's responsibility to be aware of the registration expiration date and to contact the City of Anoka Administration Department at 763-576-2712 for re-registration. Forms are also available online at [www.ci.anoka.mn.us](http://www.ci.anoka.mn.us).

### **BUSINESS/ORGANIZATION INFORMATION**

Business/Organization Name:	
Business/Organization Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Contact Person:	Phone Number (including area code):
Purpose/Cause for Soliciting/Canvassing:	

### **PERIOD THAT SOLICITATION/CANVASSING WILL TAKE PLACE:**

<b>DATE(s)</b>	<b>TIME(s)</b>

### **NAMES & ADDRESS OF THE OFFICERS AND/OR DIRECTORS OF THE ORGANIZATION:**

<b>NAME</b>	<b>ADDRESS</b>

WILL THERE BE ANY COMMISSIONS, FEES, WAGES OR EMOLUMENTS EXPENDED IN CONNECTION WITH THE SOLICITATION/CANVASSING?  YES  NO

NAMES & ADDRESSES OF ALL PERSONS CONDUCTING THE CANVASSING/SOLICITATION:  
*(attach additional sheets as necessary)*

NAME	ADDRESS

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Signature of Individual Completing Application: \_\_\_\_\_

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

**ABOVE SIGNATURE MUST BE NOTARIZED**

***NOTARY***

Sworn before me by \_\_\_\_\_, on this the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

*(stamp)*

\_\_\_\_\_  
Notary Signature



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: \_\_\_\_\_