



**City of Le Sueur, MN**  
**Hawker's/Peddler's License Application**

**License Fee:** \$40/day/person or \$200/year/person **Bond Requirements:** \$2,000 Surety Bond

APPLICANT INFORMATION	
<b>Applicant Name:</b>	
<b>Street Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Driver's License No.:</b>	<b>State Issued:</b>
<b>Gender:</b>	<b>Hair Color:</b>
<b>Height:</b>	<b>Weight:</b>

BUSINESS/ORGANIZATION INFORMATION	
<b>Business Name:</b>	
<b>Street Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b>	<b>Email:</b>
<b>Product or Services Involved:</b>	<b>Date &amp; Hours of Selling or Soliciting:</b>

Will you be processing, selling, handling or storing food? Yes / No

If yes, attach a copy of your State of Minnesota License (required).

Have you been convicted of a felony or gross misdemeanor within the past five (5) years? Yes / No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List the last cities (no more than five), where you have carried on business preceding the date of this application (include addresses and dates worked):

1.

2.

3.

4.

5.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause for the denial of the requested license.

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received:

Amount Paid:

Date Approved:

Clerk Signature:



**Le Sueur Police Department**  
**Aaron Thieke**  
**Chief of Police**

205 South Second Street, Le Sueur, MN 56058

Phone (507) 665-2041 • Fax (507) 665-8952

**CITY OF LE SUEUR**  
**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**(PERMIT OR LICENSE)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name, Alias, or Former Name(s): \_\_\_\_\_

Social Security Number \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Driver's License Number \_\_\_\_\_

State Where Issued \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

I authorize and grant by informed consent to permit the City of Le Sueur and its agents and/or representatives the right and authority to collect data classified as private which concerns me. The data which I authorize to be released includes private data as defined by Minnesota Statute 13.02, Subd. 12, Minnesota State Statute 299c.72, Section 30 and Le Sueur City Ordinance 507. I fully understand that this data is to be used in conjunction with any background investigation by the City of Le Sueur pursuant to my application for a permit or license. I further authorize the City of Le Sueur to perform an investigation of my driving record and my criminal background with local, state, and federal law enforcement agencies.

This authorization is valid for one (1) year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice of my intent, to the City of Le Sueur City Administrator.

\_\_\_\_\_  
(Signature - Full Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date of Release

Please Forward Information To:

Stacy Lawrence  
City of Le Sueur  
203 South 2<sup>nd</sup> St.  
Le Sueur MN 56058