

CITY OF LAKE PARK
APPLICATION FOR LICENSE

REQUIRED UNDER ORDINANCE NO. 15-2 (TRANSIENT MERCHANTS, PEDDLERS,
HAWKERS AND SOLICITORS)

1. Name of Applicant: _____
Address: _____
Phone No.: _____
Name of all Associates: _____

2. Type of License Requested: _____
3. Premises at Which Licensed Activity Will Occur (Transient Merchants):

4. Other Businesses Operated From This Premises: _____

5. Duration of License: _____
6. Description of Items to be Sold: _____

7. Address of Home Office or Permanent Place of Business (for past 5 years):

8. Applicant's Minnesota Sales Tax Number: _____

Signature of Applicant

Approved by Police Chief

Date

Date

This institution is an equal opportunity employer and provider.