



City of Inver Grove Heights  
SOLICITOR REGISTRATION

Year: \_\_\_\_\_ Fee: \$50

(includes background check)

Section 1: Applicant (\*Print Clearly)

1. Name: \_\_\_\_\_  
Last First Middle  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Date Year  
Male \_\_\_ Female \_\_\_ Hair Color \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Manager/Contact Person: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_
3. Minnesota Business Tax ID Number (if applicable): \_\_\_\_\_  
Federal Business Tax ID Number: \_\_\_\_\_
4. Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No \*If Yes, please make a copy and attach to this application.  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
**If no:**  
ID Card Number: \_\_\_\_\_ State: \_\_\_\_\_
5. Do you drive a vehicle in connection with this work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
State License Plate Number: \_\_\_\_\_

6. Have you ever been convicted of any felony, crime or violation of any ordinance other than a minor traffic offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the time, place, offense, and penalty imposed:

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7. Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or a current passport. If no, please present proof of immigration/employment status

## Section 2: Business Information

8. Describe merchandise being sold:

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**\*Please attach any literature, flyers or pamphlets that will be distributed**

9. List three most recent cities where applicant conducted business as a solicitor:

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10. Days, dates and hours during which soliciting will be conducted:

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11. Have you or the firm or business employing you been the subject of an investigation by a consumer protection agency or state attorney general office? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the details and locations below:

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12. Have you had a solicitor's license/permit denied or revoked by the City or any other government body within three years of the date of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the details and locations below:

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## Notice and Notarized Signature

The Minnesota Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not the public. We are requesting this data to determine your eligibility to register as a solicitor in the City of Inver Grove Heights. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your registration to not be processed. Your signature on this application indicates you understand these rights.

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Inver Grove Heights to investigate and make whatever inquiries are necessary to verify the information provided.

**X** \_\_\_\_\_ **Date:** \_\_\_\_\_

Applicant Signature

**\*Must sign in front of a Notary**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(seal)

## Section 3: Additional Employee Information

Please complete for all employees that will be conducting business in  
Inver Grove Heights

(Make additional copies of this page as necessary must include  
Driver's License of each employee)

1. Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no:**

ID Card Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you drive a vehicle in connection with this work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Vehicle Description:

Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

State license plate number: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**If no:**

ID Card Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you drive a vehicle in connection with this work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Vehicle Description:

Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

State license plate number: \_\_\_\_\_

**CITY OF INVER GROVE HEIGHTS**  
**AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION**



Last Name	First Name	Full Middle Name
Other names used (e.g. Maiden)	Purpose of Application (job title or license type)	Supervisor's Name (or N/A)

Date of Birth*		Social Security Number*	
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*\*This information will be used for background screening purposes only*

Please list ALL of the addresses where you have lived during the past 7 years:				
# of years	Street Address (current and previous)	City	State	Zip Code

<b>Licensing Applicants:</b> Attach a copy of your Driver's License. <b>Job Applicants:</b> Complete if position requires driving.		
Driver's License Number	State Issued	Expiration Date

<b>Job Applicants Only:</b> If employed, may your current employer be contacted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Email Address*</b>	<b>Phone Number*</b>

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand that information. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the City of Inver Grove Heights (the "City") at any time after receipt of this authorization and throughout my employment (or volunteering), if applicable, or within one year of application for licensing. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Verified Credentials**, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com (and/or the City of Inver Grove Heights, 8150 Barbara Avenue, I.G.H., MN 55077). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. Further, I give my consent to the City to review my background information as needed to make a determination regarding my suitability for employment or licensing, including information which may be classified as Private Data under MN Statutes Chapter 13. If I am rejected on the basis of a criminal conviction, I will be notified and informed of any rights I may have. This authorization may be subsequently revoked via written request; however this will result in all processing being stopped. Please check this box if you would like to receive a copy of a consumer report if one is obtained.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Return completed forms to: <input type="checkbox"/> Supvr. <input type="checkbox"/> City Clerk
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*Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

<b>TYPE OF BUSINESS:</b>	<b>CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P O Box 1200 Minneapolis, MN 55480 Telephone: 888-851-1920 Website Address: <a href="http://www.federalreserveconsumerhelp.gov">www.federalreserveconsumerhelp.gov</a> Email Address: ConsumerHelp@FederalReserve.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
	Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051