



City of Inver Grove Heights
SOLICITOR REGISTRATION 2020
Solicitor Permit Fee: \$50
Background Investigation \$100

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:

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:

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

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

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

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:

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:

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)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The City of Inver Grove Heights (“the City”) may obtain information about you from a third-party consumer reporting agency for employment or licensing purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, www.verifiedcredentials.com**. The scope of this disclosure is all-encompassing, however, allowing the City to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Para informacion en espanol, visite 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 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 identity 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 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 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.

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*	
Phone number		Email	

**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:				
	Street Address	City	State	Zip Code
Current				
Previous				
Previous				

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

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