

_____ \$30.00 One Day	OFFICE USE ONLY	_____
_____ \$50.00 One Week		Date that License Covers
_____ \$75.00 One Month		
_____ \$200.00 One Year (Background Check Inc.)		LICENSE #

**CITY OF MOUND
2415 WILSHIRE BLVD.
MOUND, MINNESOTA, 55364**

PEDDLER, SOLICITOR AND TRANSIENT MERCHANT LICENSE APPLICATION

Applicants Full Legal Name: _____ Day Phone No. _____

Home address: _____ City: _____ State: __ Zip: _____

E-mail: _____

Physical description of applicant, or copy of current driver's license _____

_____ Date of Birth: _____

Address where business to be conducted: _____

Description of business to be conducted: _____

Name, address and phone no. of employer or supplier of goods to be sold: _____

Date applicant intends to conduct business: From _____ to _____

Names of up to three cities where applicant has conducted similar business: _____

License Plate No. and description of vehicle to be used while conducting business: _____

Has applicant been convicted of any crime or violation of any municipal ordinances other than traffic violations? Yes___ No___ If yes, give nature of offense, and the punishment or penalty assessed therefore: _____

Also required:

Proof of Hennepin County License (transient merchant only) _____

Recent color photograph – 1.5" x 1.5" (for use on identification badge) _____

Minnesota Business Tax Identification Law

Pursuant to Minnesota Statutes 270C.72(4) (Tax clearance; issuance of licenses), All licensing authorities must require the applicant to provide the applicants' Social Security Number and Minnesota Business Identification Number on all license applications (include Federal Tax number). Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employers' withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal.

Applicant's name (LAST, first, middle initial)

Social Security Number

Home address

City

State Zip

Phone number

Business name

Type of license applied for

Business address

City

State Zip

Phone number

Minnesota Tax Identification Number (or explain why you don't have one) Federal Tax ID Number

Workers' Compensation Insurance Coverage Law

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in its company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Section 176.181, Subd. 2. This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Workers' Compensation Insurance Company Name (not agent's name) Policy Number

OR, I certify that I am not required to carry workers compensation insurance because (check one)

____ I am the sole proprietor and have no employees

____ I am self insured (For this category, you must include a copy of the permit to self-insure)

____ I have no employees who are covered by workers compensation law.

LIABILITY INSURANCE – MUST PROVIDE CERTIFICATE OF INSURANCE AND:

The City of Mound shall be named and the insurance provided shall include the City as an additional party insured and be for the amounts stated in Chapter 38, Article III of the City Code. Said policy shall provide that it may not be cancelled by the insurer except after fifteen (15) days' written notice to the City, and if such insurance is so cancelled and the licensee shall fail to replace the same with another party conforming to the provisions, said license shall be automatically suspended until such insurance shall be replaced.

By signing this application form, applicant acknowledges receipt and accepts conditions of ordinance governing Solicitor, Peddler, and Transient Merchant Licensing. Violation of any of the conditions of this ordinance, or supplying false information on the application with cause the license to be revoked.

Applicant Signature

Date

OFFICE USE ONLY - AUTHORIZATION

Police Dept.

City Clerk

General Authorization and Release
Pursuant to Minnesota Stat. 13.05, Subd. 4
Minnesota Data Practices Act

I, _____, birth date, _____, hereby authorize and grant my informed consent to permit you, Orono Police Department, to release and make available to the City of Mound and/or its representatives, data classified as private which concerns me and which may be in your possession.

I understand the Orono Police Department will be conducting a background investigation on me, including a computerized criminal history inquiry, and that this information (data), will be considered in determining whether or not to grant approval of my application.

I understand that my records are protected under Federal and State privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law.

I understand the data, which I authorized to be released, consists of private data as defined by Minnesota Statute 13.02, Subdivision 12, and has been collected by you as a result of my contacts and associations with Orono Police Department or other law enforcement agencies, including, but not limited to, criminal history data. The information for which release is authorized includes all data which has been collected, created, received, or retained by you in connection with the background investigation you performed in connection with my application.

I understand that the purpose of permitting the City of Mound to have access to this information is to determine my suitability to engage in the following enterprise: _____.

I further understand that this information may subsequently be utilized for other purposes relating to my possible authority to engage in the above stated enterprise in the City of Mound including verification of my records and analysis by consultants to the City who may review my suitability for the above stated enterprise.

This authorization shall be valid for a period of one year but I reserve the right to, at any time prior to that expiration date, cancel the written authorization by providing written notice to the City or to you of that fact. Further, I understand that intentionally providing false information is a crime and may be subject to criminal penalties.

First Middle Last

Current Address: _____ City _____ State _____ ZIP _____

Phone Number: Day _____ Evening _____

Signature

Date

Minnesota Drivers License or State ID # _____