



# PEDDLER/SOLICITOR/TRANSIENT MERCHANT PERMIT APPLICATION

2052 County Road 24, Medina, MN 55340  
Phone: 763-473-4643 Fax: 763-473-9359

*This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State Law or City Ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in a denial of the license.*

**Instructions to the Applicant:** The applicant must deliver a completed application in person to City Hall accompanied by the items listed below. Applications will be accepted between the hours of 8 a.m. to 4 p.m., Monday through Friday (closed on holidays). The application will then be reviewed by the Police Investigator who will conduct a background check on the applicant. The review process can take up to two weeks. Once the review is complete, the applicant will be notified if the application has been approved or denied. The fee associated with this permit is to conduct a background check and will not be refunded if the application is denied. If the permit is approved, the City Clerk will issue a license to the applicant.

**Applications must include:**

1. Check to the City of Medina for \$150.00 (application fee could be up to \$250 if extensive background check is needed)
2. Photo Identification. (State issued Drivers License or Identification Card)
3. Digital photo of the applicant taken within the last 6 months, showing head and shoulders. Digital photos should be emailed to [city@medinamn.gov](mailto:city@medinamn.gov) or call City Hall at 763-473-4643 to schedule an appointment to have a digital photo taken at City Hall for your license (this item not necessary for transient merchants).
4. Transient Merchants must submit written permission of the owner of the property from which sales will be conducted and a copy of license issued by Hennepin County.

(Please Print or Type)

**Name of Applicant** First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

**Description of Applicant** Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

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

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

Permanent Phone: \_\_\_\_\_

Local/Cellular Phone: \_\_\_\_\_

Has applicant ever been convicted of a crime, misdemeanor, or violation of any municipal ordinance, other than traffic violations? No \_\_\_\_\_ Yes \_\_\_\_\_ **If Yes** please describe the nature of the offence and the punishment or penalty imposed (if more than two lines are needed please attach a separate page).

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Source of Goods Supplied: \_\_\_\_\_

Goods or Services to be sold: \_\_\_\_\_

Method of Delivery of Goods: \_\_\_\_\_

Dates & Hours of the day in which the activity will be done: \_\_\_\_\_

Other cities where applicant conducted similar business immediately preceding the date of application and the address from which such business was conducted in those municipalities: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

(Include state if not MN)

Make, model, year, color, and state license number of each motor vehicle to be used in connection with the proposed activity: \_\_\_\_\_

*I hereby authorize the City of Medina to have access to all sources of information which may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if I have been asked to provide that information.*

I AGREE TO OPERATE SUCH BUSINESS IN ACCORDANCE WITH THE LAW OF MINNESOTA AND THE ORDINANCES OF THE CITY OF MEDINA. THE FORGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

- **Each individual** shall be separately licensed or certified when more than one individual is involved in a sales or solicitation activity.
- No license shall be issued by the city unless all information has been provided by the applicant or sufficient reason has been given for failure to provide it.
- Enforcement of the provisions of this permit shall be in accordance with applicable city codes. Violation of this permit shall be grounds for the immediate stoppage of the event or activity and for denial of future permit applications.

**TAX CLEARANCE**

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license applicant.

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, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
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 licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being applied for or renewed: Peddler/Solicitor/Transient Merchant License

Licensing Authority: City of Medina

License Renewal Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
Address City State Zip

Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION (if applicable):**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Address City State Zip

Minnesota Tax Identification No: \_\_\_\_\_

Federal Tax Identification No: \_\_\_\_\_

If a Minnesota Identification Number is not required, please explain: \_\_\_\_\_

\_\_\_\_\_

Signature

Position (Officer, Partner, etc.)

Date

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage of the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_  
Or

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these included: Spouse, Parents, Children, and certain farm employees)

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

Doing Business As: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Business Name if different than your name)

Business Address: \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_