PEDDLER, SOLICITOR, OR TRANSIENT MERCHANT

_____ Completed Forms:

1) Peddler, Solicitor, Transient Merchant License Application – **signed**
2) Proof of Workers Comp coverage form
3) Tax Clearance information form **(Make sure MN ID, FEIN ID, or SSN are on the document)**
4) Authorization and Release form and **NOTARIZED**

_____ $200 License Fee *(receipt to 101-32184)*

- Not transferable and no refund of partial license fee unless motioned by Council
- Exemption from License Requirements:
  - Sale of Farm or Garden Products
  - Vendors who want to establish regular route of service i.e. milk vendor, paper vendor, grocery vendor, water service, dry cleaning, beauty products
  - Sales from bona fide charitable, religious, civic, educational or political orgs.
  - Sale under court order
  - Bona fide auction sale
  - Sidewalk Sales authorized by the City Council
  - Garage Sales or Rummage Sales lasting no longer than 72 hours and no more than 4 sales conducted within one year
  - Sales at wholesale to retail dealer.
- Group Sales – in case of group sales where two or more transient merchants are engaged in business at the same time and location, it shall not be necessary for any such transient merchant to obtain a license provided that the sponsor, promoter, or organizer of the group sale has obtained a license.

CITY OF BRAINERD

PEDDLER, SOLICITOR OR TRANSIENT MERCHANT

LICENSE APPLICATION

Note – this license is for SELLING items only,

For any purchasing parties, a SECOND HAND GOODS license must be obtained.

If you are selling during the July 4th activities, please contact the
Brainerd Area Community Action office for licensing and information
(218-829-5278)

Applicant Full Name _____
Previous Last Names _____
Date of Birth _____Home Phone Number _____
Permanent Home Address _____
Color of Eyes _____ Height _____ Weight _____Hair Color _____
Type of business _____
All persons associated with business _____
If transient merchant, address where merchandise will be sold _____
Names of employer or supplier _____
Address of employer or supplier _____
Brief description of nature of business, goods to be sold and method of operation _____
_____
Places of residence of applicant for the past five years next preceding the date of this application _____
_____
State exact dates and times you intend to do business within the City limits: Note this license is **ONLY** applicable to the dates and time stated here: _____
Credential from firm authorizing you to act as a representative of company _____
Proposed method of delivery _____
Have you ever been convicted of any crime, either felony or misdemeanor or violate any municipal ordinance other than a traffic offense? _____If yes, state the place, nature and penalty assessed:
_____
Name other municipalities where you have carried on similar business immediately preceding this date and the addresses from which such business was conducted (not to exceed three) _____
_____
If a vehicle will be used, describe_____
Vehicle license number _____
Name of two property owners of Crow Wing County who will certify as to applicant's good character and business respectability or in lieu of the names of references, such other evidence as to the good character and business responsibility of the applicant as will enable an investigator to property evaluate such character and business responsibility _____
_____

_____
Applicant Signature Date

_____
Applicant Printed Name

_____
Police Chief Signature Date

_____
City Administrator Signature Date
Fee is $200 per application per year

CITY OF BRAINERD

AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Please complete the following information:

Full Name (please print): _____
First Middle Last

Date of Birth: _____

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: _____

Address: _____
Street Address City State Zip

Previous Address: _____
Street Address City State Zip

_____ _____
SIGNATURE OF APPLICANT **DATE**

State of _____

County of _____

On _____, _____ personally appeared before me to be the signer of
Date Full Legal Name of Applicant

this document.

_____ _____ (SEAL)
Signature of Notary Public My Commission Expires

Reset

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

☐ I have no employees.
☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

_____

☐ Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:
LICENSING AUTHORITY: City of Brainerd
LICENSE RENEWAL DATE:
PERSONAL INFORMATION (if applicable):
Applicant's Name _____
Applicant's Address _____
_____
City State Zip Code

Social Security Number _____

BUSINESS INFORMATION (If applicable):
Business Name _____
Business Address _____
_____
City State Zip Code
Minnesota Tax Identification Number _____
Federal Tax Identification Number _____
If Minnesota Tax Identification number is not required, please explain on the reverse side.

_____
Signature Position(Officer, Partner, Individual, Etc.)