CITY OF LEWISTON

Lewiston City Hall
75 Rice Street • P.O. Box 129 • Lewiston, MN 55952
Phone: (507) 523-2257

Peddler & Transient Merchant License & Registration Application

IMPORTANT - READ CAREFULLY

In accordance with the Minnesota Government Data Practices Act, the City of Lewiston is required to inform you of your rights as they pertain to the private information collected from you. At the time of the application for a City of Lewiston License, only your name and address are public information; all other information is private. After approval of your application for a license, all information becomes public. The information collected from you is used to review your qualifications for a license. If you do not supply the information we will not be able to determine your eligibility.
The dissemination and use of the private data we collect is limited to that necessary for licensing an individual or company. Persons of agencies with whom this information may be shared include City department personnel working with your program or license, county auditors, law enforcement personnel, City Council and additionally those individuals or agencies to whom you have given written permission. If a fixed site is used for display and sale of goods, written permission of the property owner must be provided.

Transient Merchant: any person, firm or corporation who engages temporarily in the business of selling and delivering goods, wares, or merchandise withing the City and who, in furtherance of such purpose, hires, leases, uses or occupies any building, structure, vacant lot, motor vehicle, trailer or railroad car.
Peddler: any person with no fixed place of business who goes from house to house, from place to place, or from street to street, carrying or transporting goods, wares, of merchandise and offering of exposing the same for sale, or making sales and deliveries to purchasers of the same.
Solicitor: any person who goes from house to house, from place to place, or from street to street soliciting or taking or attempting to take orders for any goods, wares, of merchandise, including books, periodicals, magazines, or personal property of any nature whatsoever for future deliver.

Every individual engaged in the practice of going door to door or in and upon private residences in the City of Lewiston for a business, firm, corporation or organization will have to fill out the Peddler's License and Registration Application. Whereas each individual applicant will need to pay a non-refundable fee for license processing. Please check to see that you have answered all question, furnished the required documents, and signed and dated your application. If this information is not provided, your application will be considered incomplete and returned to you. Providing false information in the application could result in denial of the license. If approved, applicant must wear identification badge given by the City of Lewiston and be able to show upon request.

Fees - per each individual
Initial Application & License - Annual fee of $125 (non-refundable)
- *Must be approved by City Council at next Council Meeting (2nd & 4th Wednesday of each month)*

◯ Transient Merchant

◯ Peddler

◯ Canvasser/Solicitor

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☐ Initial
☐ Renewal

Application for Transient Merchant, Peddlers & Solicitors

Personal Information						
Full Legal Name:						
Driver's License/Identification Card: Number & State						
Physical Description						
☐ Male ☐ Female	Height Weight	Eye Color	Hair Color	Age	Race (optional)	Date of Birth

Permanent Address			
Street	City	State	Zip
Home Phone	Business Phone		

Local Address			
Street	City	State	Zip
Home Phone			

Employer, Principal, or Supplier Information			
Name of Company			
Street	City	State	Zip
Company Phone Number	Supervisor's Name	Supervisor's Phone Number	
Other Cities/Counties where licensed			
Dates of selling or soliciting			

Vehicle Information			
Plate: State & Number	Make/Model	Year	Color Other identifiers
Plate: State & Number	Make/Model	Year	Color Other identifiers

A brief description of the nature of the business, a description of the goods to be sold (including photographs or brochures), what company you are soliciting for and the applicant's method of operation:

** Prior consideration of the application an investigation of all persons shall be made by the Lewiston Police Department of each individual applicant.

Have you been convicted of a felony, gross misdemeanor or any crime of theft, fraud, or issuance of a worthless check?

☐ No ☐ Yes

☐ Fill out and sign Background Authorization form attached (needed only for **initial application**)

Lewiston PD - Checked by: _____ *Date:* _____ *Approved:* _____ *Denied:* _____

* Upon **initial application**, signature of applicant must be notarized. [Do not sign until notary present.]

_____ _____

Signature of applicant Date

_____ _____

Notary Date

Notary Stamp:

City Council: _____ Approved _____ Denied Date: _____

* If you have any questions about the information asked of you on the City of Lewiston Peddler's license and registration application, please contact the City of Lewiston's City Hall, (507) 523-2257.

Release Type I

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

I, _____ DOB____/____/_____,
Last Name First Name Middle Name

hereby authorize and grant my informed consent to permit you, **Winona County Sheriff's Department and State of Minnesota**, to release to and make available to the Lewiston Police Department data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Lewiston Police Department to have access to this information may subsequently be utilized for other purposes relating to my possible employment with the department, including verification of my records and analysis by consultants to the department who may review my suitability for employment.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact.

_____ _____
(Signature) (Date)

Note: When filling out form please print your name clearly. Give your full legal name including your full middle name and not an initial. Also, list your current address and phone # below:

_____

_____