



Requirements and Checklist for Solicitors/Peddlers & Transient Merchants License

All solicitor/peddler and transient licenses require a background investigation by the Police Department and the City Administrator approval. Please allow a minimum of 4-6 weeks to process the license application. Any missing documents will delay the processing of your application.

- ___ 1. Completed Application - Application must be **complete and legible**. Indicate not applicable on application if appropriate.
- ___ 2. Provide a copy of any or all literature about the products or service that will be distributed to residents.
- ___ 3. Supply a recent color photo (head and shoulders) of self that is pre-cut 2" x 2". (Passport style preferred)
- ___ 4. Credentials establishing relationship to employer/supplier (if representing self, no credentials are necessary)
- ___ 5. Background Authorization Release Form signed and dated.
- ___ 6. Certificate of Compliance MN Workers' Compensation Law.
- ___ 7. State of MN Business Tax Identification Information Form.
- ___ 8. City of Spring Lake Park Indemnification Agreement.
- ___ 9. Supply a government issued legitimate ID to be photocopied at time application is turned in.

Acceptable ID's - Can't be expired.

- State issued driver's license with photograph
- State issued identification with photograph
- Armed Forces (active duty or reserve) identification
- Passport

General Information

- The City of Spring Lake Park allows soliciting **7 days a week between the hours of 9am and 5pm**.
- The permit expires December 31 regardless of the date issued.
- Peddling and Soliciting is prohibited in City Parks.
- Failure to provide true and complete information shall constitute a violation of the ordinance in question. In addition to the penalties prescribed for violation of the ordinance in question, the license of any applicant may be revoked by reason of material falsification or omission of information for said application.
- No Peddling or Soliciting until the permit has been issued. Peddling or Soliciting prior to issuance of a permit is a violation of the City Ordinance and is cause for denial of permit.
- Please contact Wanda at wbrown@slpmn.org or 763-792-7219 with questions.



City of Spring Lake Park
1301 81st Avenue NE
Spring Lake Park, MN 55432
763-784-6491 www.slpmn.org

Peddler/Solicitor/Transient Merchant License Application

For Office Use Only

Date Received in Office ____/____/____ Date Approved ____/____/____
Background Fee \$ ____ License Fee \$ ____

Personal Information

Date of Application ____/____/____

Full Legal Name _____
Last First Full Middle Name

Social Security Number _____

Drivers License or State ID Number _____ Issuing State _____

Male ☐ Height _____ Hair Color _____
Female ☐ Age _____ Date of Birth ____/____/____

Permanent Home Address

Address _____
City/State Zip Code
Cell Phone _____ Business Phone _____
Email _____

Local Address

Address _____
City/State Zip Code
Local Phone Number _____

Description of Vehicle Used in Business

Make/Model _____ License Plate Number _____
State _____ Color _____

References – List at least 2 residents from Anoka, Ramsey or Hennepin County who will certify as to the applicant’s good character and business respectability: **Please print legibly.**

1.	_____		_____
	First, Full Middle and Last Name		Phone Number

	Address	City/State	Zip Code
2.	_____		_____
	First, Full Middle and Last Name		Phone Number

	Address	City/State	Zip Code

Criminal History

Have you ever been convicted of a crime, misdemeanor or violation of any City Ordinance, other than traffic violations? ☐ Yes ☐ No

If yes, answer the following:

Location of arrest (City, County, State) _____

Charge Information (Offense charged with) _____

Conviction Information (Offense convicted of) _____

Sentencing (Fine, probation, parole, etc.) _____

Business History

List the three municipalities where you have carried on this business immediately preceding the date of this application and include the address(es) from which business was conducted in those municipalities

1.	_____

2.	_____

3.	_____

Business Information

Name of Organization Soliciting _____

Type of Business (partnership or corporation) _____

Contact Name _____

Address _____

Phone Number _____

Email _____

Dates of selling or soliciting _____

Where are the products at the time the application is turned in? _____

Where is the source of supply of the products to be sold? _____

Proposed Method of Delivery _____

Transient Merchant Only - Local Address from which sales will be made

Address _____
City/State _____ Zip Code _____

A brief description of the nature of the business and the products to be sold _____

Requested hours of Selling _____ am through _____ pm.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or the omission of facts called for shall be just cause for denial of the requested permit. I also understand that peddling or soliciting in this City shall not be carried out until a permit has been issued and is in my possession.

Signature _____ Date _____

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
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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
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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
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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.



Indemnification Agreement

The following Agreement must be signed and notarized by the applicant, owner, authorized partner, or authorized officer(s) of the company. If a partner or officer signs, it must be accompanied by the written authorization of the partnership of the corporation, (such as a corporate resolution or written approval of all partners).

Section 1: Observance of License and all Laws

In consideration for the grant of this license by the City of Spring Lake Park, the undersigned licensee agrees as follows: The undersigned shall faithfully observe, keep and obey all terms and conditions of the license or permit, and all laws, rules and ordinances of the City of Spring Lake Park relating to the license or permit, now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules and regulations of any other governmental entity including county, state and federal regulations which may apply to the license or permit.

Section 2: Violation of Terms

Upon the violation of any of the terms and conditions of the license or permit, or any other law, regulation or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license or permit.

Section 3: Indemnification

The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, loss damages or cost and expense arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any renewal thereof, or any act done under pretended authority of this license. This agreement to indemnify and hold the City harmless shall include any costs incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

Section 4: Notarized Signature

IN WITNESS WHEREOF, the undersigned has executed this License Agreement as of this _____ day of _____, 20____.

Business Name _____

X _____

Signature of Applicant, Officer, Partner, or Owner

STATE OF _____)
)ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____ the _____
of _____ on behalf of said _____

Notary Signature _____

My Commission Expires _____, 20____



State of Minnesota

Business Tax Identification Information

DIRECTIONS: PLEASE PRINT this form must be filled out in ink or it must be typed. If the application is an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

Section 1: License Information

1. Type of License Being Applied for _____
2. Licensing Authority (name of city, county or state agency issuing license) CITY OF SPRING LAKE PARK
3. Application or Renewal Date _____/_____/_____

Section 2: Applicant

To be completed by applicant

4. Name _____ Phone (_____) _____
Last First Middle
5. Home address _____
Street City State Zip
6. Social Security Number _____

Section 3: Business Information

7. Business name _____ Phone (_____) _____
8. Business address _____
Street City State Zip
9. Minnesota tax identification number _____
10. Federal tax identification number _____
11. Individual Tax ID Number or Social Security Number _____

Section 4: Notice and Signature

Under Minnesota law (M.S.270C.72(4)), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do **NOT** return this form to the Department of Revenue.

X

Applicant's Signature

Title

Date

If a Minnesota tax identification number is not required, please explain (use reverse side of form if necessary)



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

To: _____

I, _____ (Print full name),
hereby authorize and grant my consent to permit you to release to and make available
to the Spring Lake Park Police Department and/or its agents and/or representatives
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 MN
Statute 13.02 Subd. 12, and has been collected by you as a result of my contracts 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, 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 Spring Lake
Park Police Department to have access to this information is to determine my
acceptance for a license with the City of Spring Lake Park. I further understand that
this information may subsequently be utilized for other purposes relating to my
license with the City of Spring Lake Park, including verification of my records and
analysis by consultants to the City of Spring Lake Park who may review my suitability
for such license.

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 City of Spring Lake Park of that fact.

(Signature)

(Date)