



LICENSE APPLICATION

TRANSIENT MERCHANTS, SOLICITORS, PEDDLERS

1. Name and description of applicant:

Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Driver's License # _____

- *include photocopy of D.L.*

Physical description of applicant: Hair color: _____ Eye color: _____
Height: _____ Weight: _____ Distinct marks/features: _____

2. For vehicles used in conjunction with licensed business, please complete the following:

License Plate # _____ Reg: _____

Vehicle Description: _____

3. Home Address _____

Contact # Home _____ Cell _____

4. Describe type of business to be conducted: _____

5. Full legal name of any & all business operations owned, managed or operated by applicant, or for which the applicant is an employee or agent.

6. Length of time applicant intends to do business in the City, with approximate dates: _____

7. Contact information where applicant can be reached while conducting business. _____

8. Address of location where merchant intends to set up business:

9. List of three most recent locations where the applicant has conducted business as a peddler or transient merchant. _____

_____ **Date**

_____ **Signature of Applicant**

FOR CITY USE ONLY:

Application Fee Received: Cash Check# _____ Charge

Notarized Criminal Background check received: Yes ____ No ____

Written permission of property owner(s) received: Yes ____ No ____

Approval Process:

Police Department:

Approved: _____ Denied: _____ Date: _____ By: _____

Comments:

Community Development (Zoning):

Approved: _____ Denied: _____ Date: _____ By: _____

Comments:

City Clerk:

Approved: _____ Denied: _____ Date: _____ By: _____

Comments:

APPLICATION FOR LICENSE INVOLVING PRIVATE OR
CONFIDENTIAL INFORMATION
(Tennessee Warning)

In connection with your request for a license, the City of Grand Rapids has asked that you provide it with information about yourself, which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant