

PEDDLER/SOLICITOR AND TRANSIENT MERCHANT LICENSE APPLICATION CITY OF COLUMBIA HEIGHTS

FEE:\$ _____

_____ Date Received

_____ Receipt #

_____ License Number

**CITY OF COLUMBIA HEIGHTS
 590 40TH AVENUE NE, COLUMBIA HEIGHTS, MN 55421
 PHONE (763) 706-3678**

PEDDLER/SOLICITOR AND TRANSIENT MERCHANT FEES:

_____ PER DAY \$ 50.00
 _____ PER MONTH \$100.00 DATES: _____
 _____ PER YEAR \$500.00

In conjunction with this application the following documents must be submitted:

1. Certificate of Compliance per the Minnesota Workers Compensation Law (Attached)
2. Waiver
3. Copy of applicable license from Anoka County Auditor's Office per Mn Statute Chptr 329 as amended.
4. If Transient Merchant- provide written permission of property owner for use of any property within the City, a site plan of the premises indicating the location on the site where you will be operating.

**BUSINESS
 INFORMATION**

COMPANY NAME: _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____ PHONE: _____

FED TAX #: _____ MN TAX #: _____

COMPANY AGENT OR OFFICIAL(S): 1. _____

2. _____

PROVIDE LIST OF MOST RECENT LOCATIONS WHERE APPLICANT HAS CONDUCTED SIMILAR OPERATION: _____

APPLICANT

NAME _____

(FIRST) (MIDDLE) (LAST)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE #: _____ ADDL. PHONE _____

BIRTHDATE: _____ PLACE OF BIRTH: _____

DRIVERS LICENSE # _____ SOCIAL SECURITY # _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

HAVE YOU EVER BEEN CONVICTED OF ANY FELONY, GROSS MISDEMEANOR, OR MISDEMEANOR FOR VIOLATION OF ANY STATE OR FEDERAL STATUTE OR ANY LOCAL ORDINANCE, OTHER THAN TRAFFIC VIOLATIONS IN THE PAST 5 YEARS?

_____ YES _____ NO; IF YES, EXPLAIN DATE AND NATURE _____

ADDRESS/LOCATION OF ACTIVITY:

As applicant, it is my understanding that falsification of any item on this application is sufficient reason upon which to base a denial of said license. Such license shall be valid for the specific dates stated and must be renewed to cover further time periods.

APPLICANTS SIGNATURE: _____ 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 requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or 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 license 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Co Name _____
NOT the Insurance Agent

Policy Number _____

Date of Coverage _____ to _____

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

I have no employees

I have no employees who are covered by the workers compensation law (these include Spouse, Parents, Children, and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Name _____

Doing Business as _____
Business name if different than your name

Business Address _____

City, State, Zip _____ Phone _____

Signature _____ Date _____

NOTICE

The data requested of you will be used in considering your application for said license and will be disseminated to the public. You are not legally required to allow the City of Columbia Heights to obtain the data, however, failure to supply said data may result in disapproval of your application. Further, the City of Columbia Heights may receive from other governmental agencies, including but not limited to the Bureau of Criminal Apprehension, Minnesota Department of Public Safety, data relating to the consideration of your application. Said data may be classified pursuant to Minnesota Statute #15.162 et. seq. as private and therefore, cannot be released to the public without your written consent.

WAIVER

I have read the above and understand that any data concerning my application, which is classified as private pursuant to Minnesota Statute #15.162, et. seq. may not be released to the public without my permission. I also understand that said data must be considered by the Columbia Heights City Council at a public meeting in considering my license application and, accordingly, will be publicly disseminated. Therefore, I hereby authorize the release of all of said data by the Columbia Heights City Council or agents or employees thereof at any City Council meeting at which my license application is considered. Said information shall not be released if I withdraw my license application by personally serving written notice of said withdrawal upon the Columbia Heights City Manager prior to said Council meeting.

DATE _____ SIGNATURE _____

Witness Signature: _____