



CITY OF FRIDLEY
 6431 UNIVERSITY AVENUE NE
 FRIDLEY, MN 55432
 763-572-3523
www.fridleymn.gov

Check # _____
 License # _____
 Expiration April 30, _____

APPLICATION FOR A PEDDLER, SOLICITOR OR TRANSIENT MERCHANT LICENSE

Fee \$60 per Solicitor

Business Portion

PLEASE READ AND SIGN:

DATA PRIVACY NOTICE: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you have supplied will constitute a public record (with the exception of non-public or private data) and copies may be issued to anyone requesting them. The required data allows us to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if any additional information is required; to determine whether you meet any minimum age requirements; and to determine if any conviction you may have on record might affect your suitability as a license-holder. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

I request that my residence address, telephone number and e-mail address be considered private data. My public address, telephone and e-mail address are as follows

Public Address:			
City/State Zip			
Public Phone No.:		Public e-mail address	
Signature			

LICENSE IS NONTRANSFERRABLE

TO THE CITY COUNCIL OF FRIDLEY, MINNESOTA: The undersigned hereby makes application for a peddler's/solicitor's license in accordance with Chapter 14 of the City Code of Fridley.

Business Name			
Business Address			
Business City/State/Zip			
Business Phone		Business Email address	

Nature of business and type of merchandise to be sold or solicited			
Is this business conducting Interstate Commerce Business (exempt from fee/business is then registered with City)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of goods and source of supply of goods to be sold			
Means of delivery of goods			

Business Applicant Name			
Residence Address			
Residence City/State/Zip			
Phone:		e-mail address	
Date of Birth		Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, being duly sworn upon my oath, depose and say that I am the person who has executed the above personal information form and that the statements made therein are true and correct to the best of my own knowledge and belief.

(SIGN IN THE NOTARY'S PRESENCE)

Signature of Applicant

State of _____ }
 County of _____ } §

Subscribed, sworn and attested to before me this ____ day of _____, 2____

Notary Public, _____

(seal)

My commission expires _____, 2____

FOR CITY USE ONLY:

Public Safety Director		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
City Council		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date

The business must also complete the following two pages and the Police Background Release form

Under Minnesota law (M.S. 270C.72), the agency issuing you this license is required to provide 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 the 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.

Please print or type

Solicitor's License

Name of license being applied for and license number

City of Fridley

Licensing Authority (name of city, county, or state agency issuing license)

April 30, _____

License renewal date

Personal information (All personal information requested must be provided for the application to proceed.)

Applicant's last name	First name	Middle name	Date of birth	Social Security number

Applicant's address	City	State	Zip Code	Drivers License Number

Business information (if applicable)

Business name

Business address	City	State	Zip Code

Minnesota tax identification number

Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature

Title

Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

(To be Completed by Business)

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 requirement 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 licenses 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 and/or falsely reported, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above in the spaced provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(**NOT** the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(or)

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

- I have no employees covered by the law.
- I am self insured (include permit to self-insure)
- 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: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: Date: _____

Each Solicitor should complete the following information and the Police Background Release Form:

PLEASE READ AND SIGN:

DATA PRIVACY NOTICE: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you have supplied will constitute a public record (with the exception of non-public or private data) and copies may be issued to anyone requesting them. The required data allows us to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if any additional information is required; to determine whether you meet any minimum age requirements; and to determine if any conviction you may have on record might affect your suitability as a license-holder. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

I request that my residence address, telephone number and e-mail address be considered private data. My public address, telephone and e-mail address are as follows

Public Address:			
City/State Zip			
Public Phone No.:		Public e-mail address	
Signature			

Name of Business Soliciting For:

Name		Date of Birth	Social Security #
Permanent Address		Race	Eye Color
City/state/zip		Height	Weight
Local Address		Haircolor	Age
City/State/Zip		Phone Number:	
Any distinguishing marks or tattoos?		Drivers License (State & #)	

Have you been convicted of a crime other than a minor traffic violation in the past five years? If yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------


REFERENCES: The names of at least two references who will certify as to the applicants' good character and business respectability.

Name	
Address	
Phone	

Name	
Address	
Phone	

Please attach an enlarged, legible copy of a valid driver's license

I hereby certify that the information contained in this application is true and correct, to the best of my knowledge. I understand that the information in this application may be investigated by the City of Fridley's Public Safety Department.


SIGNATURE OF APPLICANT

FOR CITY USE ONLY:

Public Safety Director		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date
City Council		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date

PLEASE NOTE: Section 11.12: The penalty for late payment of all licenses and permit fees as shown in Section 11.10 of the City Code shall be 25% of the amount of the fee if received from 1 to 7 days late. If the payment is received more than 7 days after it is due, the penalty shall be 50% of the fee. If payment is not received 30 days after the due date the business MUST discontinue operation.