



PEDDLER, SOLICITOR, TRANSIENT MERCHANT
(Requirement for a license may be suspended for special events)

Peddler: A person who offers merchandise or services for sale door to door, including house-to-house, business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately.

Solicitor – A person who orders merchandise or service for future delivery.

Transient Merchant: A person who temporarily sets up a business out of a vehicle, trailer, boxcar, tent, or other portable shelter, or empty store front for the purpose of selling good. Individuals may not remain in one location for more than 3 consecutive days. Delivery and payment occur immediately.

DATA PRIVACY ADVISORY

The Minnesota Data Practices Act requires that you be advised of the following information. As an applicant for a Peddler, Solicitor or Transient Merchant License, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provided is public and will be used by the Carlton City Council and/or the general public. This **AUTHORIZATION FOR RELEASE OF INFORMATION** will expire two (2) years from the date you sign it.

I have read and understand the about Data Privacy Advisory.

Signature: _____ Date: _____

The information you provide on this application will be used by the City of Carlton to issue a license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Carlton may be unable to process your application. Disclosure of your Minnesota Tax ID Number, Social Security Number or Individual Tax ID Number is require by Minnesota Statute 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application, except you Social Security Number, will be public information pursuant to Minnesota Statues, Chapter 13.

I, (print name) _____, declare under penalty of perjury under the laws of the State of Minnesota that the information being given is true and correct. All information given is subject to verification by the State of Minnesota. I understand false information may result in the denial, suspension or revocation of my business license.

Signature of Applicant: _____ Date: _____

License Application for Peddler, Solicitor, Transient Merchant

Application **must** be submitted in person (those sent via e-mail, fax or US Mail will not be approved)

Full Legal Name: _____
Last First Middle

Sex: M ___ F ___ Hair Color _____ Height _____ Weight _____ Age _____

D.O.B. _____ Home Phone: _____ Business Phone: _____

Permanent Home Address (must be the same as that listed on driver's license):

_____ Street City State Zip

Local Address: _____

Street City State Zip

Business/Organization Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Start Date: _____ End Date: _____

Hours during which business will be conducted: _____

Brief description of the business or solicitation and the goods to be sold or given away:

Do you have **written consent** of the landowner upon whose premises the activity is to be conducted?

___ Yes ___ No (If yes, please attached written consent)

Location of the goods or products at time application is filed: _____

List the names and addresses of the last three (3) cities where you have registered and conducted business for your activities:

1. _____

2. _____

3. _____

List all vehicles that will be used in your activities: (Year, Make, Model, Color, License #, State). Attach additional sheets if necessary.

1. _____

2. _____

3. _____

List the Full (*last, first, full middle*) Name, Date of Birth, Permanent Address, Driver's License # and State, Description of **ALL** persons proposed to be employed during proposed application period. Attach additional Sheets if necessary.

Name: _____ Date of Birth: _____

Permanent Address: _____

Driver's License #: _____ State: _____

Description: _____

Name: _____ Date of Birth: _____

Permanent Address: _____

Driver's License #: _____ State: _____

Description: _____

Have you, or those working for you in Carlton, been convicted within the last five (5) years, of any felony, gross Misdemeanor, or misdemeanor for violation of any federal, state, or local ordinance other than traffic violations?

___ Yes ___ No *If yes, give date, place, and offense for each conviction.*

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 of the denial of the required permit.

Signature _____ Date _____

Print Name: _____
 First Middle Last

Application is NOT acceptable if NOT fully completed.

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION

- ___ Photocopy of current Minnesota Driver's License for all employees working in the City of Carlton
- ___ Minnesota Business Tax Identification Form
- ___ Certificate of Insurance in the amount of \$100,000 - \$300,000
- ___ Written consent from landowner where business will be conducted (if applicable)
- ___ Completed Certificate of Compliance for Workers Compensation
- ___ Fee

