

**APPLICATION INFORMATION FOR SOLICITORS/PEDDLERS
& TRANSIENT MERCHANTS**

Information:

- Application must be **complete** and **legible** (Indicate not applicable on application if appropriate)
- Allow a minimum of three working days for application to be processed.
- No peddling or soliciting until 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.
- Permit expires December 31st, regardless of the date issued (or earlier if so designated).
- Peddling or soliciting in City parks is prohibited.
- 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.

Requirements:

- \$50.00 application fee (Peddlers and Transient Merchants only)
- Credentials establishing relationship to employer/supplier (if representing self, credentials no necessary)
- Provide a copy of all literature about product or service that will be distributed to residents.
- Supply a recent color photo (head and shoulders) of self that is pre-cut to 2" x 2" (Passport style photos preferred).
- Supply a government issued legitimate ID to be photocopied at time application is turned in.

Acceptable ID's:

- State issued driver's license with photograph.
- Non-qualification card with photograph
- Armed Forces (active duty or reserve) identification
- Passport
- Alien ID

Non-Acceptable ID's

- Any of above if expired
- Any of the above if physical evidence of tampering or copying exists.
- Credit card or check cashing ID

CITY OF SPRING LAKE PARK
130 81ST AVE NE
SPRING LAKE PARK, MN 55432
(763) 784-6491

SOLICITOR PERMIT APPLICATION

Date of Application: _____

Full Legal Name: _____
Last First Middle (full middle name)

Male Height _____ Weight _____ Hair Color _____

Female Age _____ Race _____ Date of Birth _____

Name of Organization Soliciting: _____

Type of Business: (e.g. partnership or corporation) _____

Permanent Home Address:

Address: _____ City/State: _____ Zip: _____

Home Phone: (_____) _____ Business Phone: (_____) _____

Driver's License or State Id Number: _____ State: _____

Attach Copy of Valid Identification Attached

Local Address:

Address: _____ City/State: _____ Zip: _____

Local Phone Number (_____) _____

Local Address from which proposed sales will be made: (transient merchants only)

Address: _____ City/State: _____ Zip: _____

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

Requested Hours of Selling: _____ .m. through _____ .m.

Employer:

Supply the following information about employer, principal, or supplier of applicant if other than self:

Name: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: (____) _____

Attach any flyer, pamphlet, information or other regarding products to be sold or any other documents you will conduct business with. This documentation will include anything you show, or refer to while doing business.

Attached

Attach credentials from employer establishing employment relationship:

Attached Not Applicable

Dates of Selling or Soliciting: _____ Hours 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: _____

Description of Vehicle used in Business:

Make/Model: _____ License Plate Number: _____

State: _____ Color: _____ *Attach Additional Vehicle Information as Necessary

References:

List at least two (2) residents of Anoka or Ramsey County who will certify as to the applicant's good character and business respectability:

1. _____
(name) (address)

2. _____
(name) (address)

*If unable to provide references, provide such other available evidence of good character and respectability of the applicant as will enable an investigator to properly evaluate such character and business.

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): _____

Current status in regards to parole, probation, etc.: _____

Name and phone number of probation or parole officer: _____

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. _____

Photograph:

A recent photograph of the applicant, 2 x 2 inch in size, showing the head and shoulders of the applicant in a clear and distinguishing manner must be attached to this application.

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: _____

CITY OF SPRING LAKE PARK

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is required to provide to the Minnesota Commission 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interests:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency that issues this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: _____
(name of City, County or State Agency issuing license)

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____
Applicant's Address: _____

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: _____
Business Address: _____

Minnesota Tax Identification No: _____

Federal Tax Identification No: _____

(signature)

Position (officer, partner, individual, etc)

CERTIFICATE 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 Worker's Compensation insurance coverage required by Chapter 176. The information required is: the name of the insurance company, the policy number and the 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 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 Company Name: _____
(not the Insurance Agent)

Policy Number: _____

Dates of Coverage: _____ to _____.

I am not required to have Worker's Compensation liability coverage because:

- I have no employees
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the Worker's 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 Worker's 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: _____ Dated: _____