



CITY OF RICHFIELD

**Application for
Itinerant Activity License**

This application is a two-part application. Both parts must be completed before the application can be submitted for consideration.

- License fees must be paid at the time the application is submitted
- Transient merchant licenses are valid for a period of up to six (6) months.

PART I – Business Information

Class of license requested:

_____ Transient Business/Merchant _____ Wagon Peddler
 _____ Peddler/Hawker _____ Solicitor/Canvasser

PLEASE PRINT LEGIBLY

Business Name: _____ DBA: _____

Business Address: _____
(City) (State) (Zip Code)

Business Phone: _____ Preferred Mail Address: _____
(City) (State) (Zip Code)

A copy of state licensure must be provided. Attached? Yes No

Type of Business: _____ Sole _____ Partnership _____ Corporation

Names of all persons who have any interest in the management and control of the business, including partners and corporate officers.

1.	_____	_____	_____	_____
	Last Name	First	Full Middle Name	Date of Birth
2.	_____	_____	_____	_____
	Last Name	First	Full Middle Name	Date of Birth
3.	_____	_____	_____	_____
	Last Name	First	Full Middle Name	Date of Birth
4.	_____	_____	_____	_____
	Last Name	First	Full Middle Name	Date of Birth

Name of person making application:

Last Name

First

Full Middle Name

Date of Birth

Home Address: _____ City/State _____ Zip Code _____
(Attach list showing home addresses for past 5 years)

Home Phone: _____

Work Phone: _____

Check here if you have ever been convicted of a crime, including felony, misdemeanor or city ordinance violation, other than a minor traffic offense _____. You must supply information pertaining to the nature of the offense and conviction date.

Brief description of activity to be conducted: _____

If Class I (Transient) license, location(s) where activity is to be conducted: _____

(Written permission from the owner or lessor of the property, authorizing use to conduct a transient business must be attached to the application).

If claiming an exemption under subsection 1181.03, subdivision 3, paragraph (d) activity involves the sale of products of the farm or garden occupied and cultivated by person making such sales you must provide a signed affidavit attesting to the location of the farm or garden in which the products are grown.

Length of time, including beginning and ending dates, for which the license is desired: _____

*****NOTE:** No transient business can be conducted for more than eight days during a 60 day period and no more than 3 consecutive days.

Beginning date: _____

Ending Date: _____

Specific dates must be listed on the application:

60 Days

60 Days

60 Days

CITY OF RICHFIELD
SUPPLEMENTAL ADDRESS LIST
ITINERANT ACTIVITY LICENSE

List home addresses for previous 5 years (Include City, County, and State)

List Business addresses for previous 5 years (Include City, County, and State)

City of Richfield

License Applicant Information

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

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial	SSN or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name _____

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
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PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces 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 agency)

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 law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

(DATE)