

PEDDLING AND SOLICITING

153 Attachment 1

City of Kellogg

City of Kellogg

LICENSE APPLICATION
TRANSIENT/ITNERANT
CANVASSER/SOLICITOR

License No.
Fee Paid
Date
Valid ID provided

FULL NAME: (First) (Middle) (Last) DATE OF BIRTH

PERMANENT HOME ADDRESS

DRIVERS LICENSE NO: STATE OF ISSUE: DAY TELEPHONE

DESCRIPTION OF APPLICANT: Height; Weight; Hair Color; Eye Color

EMPLOYER'S NAME or NON-PROFIT ORGANIZATION

LOCAL ADDRESS OF BUSINESS

DESCRIBE THE NATURE OF BUSINESS, TYPE OF GOODS TO BE SOLD AND METHOD OF OPERATION:

DESCRIBE TYPE AND CONTENT OF ADVERTISING TO BE DONE:

DATES AND HOURS OF OPERATION:

LOCATION ADDRESS OR DOOR TO DOOR
(On reverse side of this application, you must receive written permission of the property owner for use of the premises and have them sign an agreement to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property. Also include a drawing showing size and location on the property of any temporary structure and temporary signs indicating distances from roadways, access points, other structures, parking or permanent signs.)

If applicant is serving as representative for a business, attach appropriate authorization to serve in this capacity. Attached

MN BUSINESS TAX I.D. NO: FEDERAL TAX I.D. NO:

ZONING OF PROPERTY TO BE OCCUPIED: STAFF APPROVAL
(Certain zoning may require approval of a Conditional Use Permit from the Planning Commission) TEMP SIGN PERMIT

HAVE YOU VIOLATED ANY PROVISIONS IN THE COON RAPIDS CITY CODE DURING THE LAST TWO YEARS?
Yes No. If yes, please explain:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, FELONY, GROSS MISDEMEANOR OR MISDEMEANOR? Yes, No
If yes, state place, nature of offense and penalty assessed:

IF VEHICLE IS USED, DESCRIBE: Vehicle License No. State of Issuance License Year Make/Model Color

VEHICLE INSURED COMPANY: POLICY NUMBER

DATES OF COVERAGE: Signature of Applicant

License Fee: \$10 per day; \$30 per week; \$60 per month; \$300 for six months
Investigation Fee: \$25 each applicant
Copy of valid Driver's License or State Issued ID
Ice cream Vendors: Copy of MN Agriculture Retail Mobile Food Handler License (Dan Vusser 651-201-6064)

KELLOGG CODE

LOCATION OF TRANSIENT MERCHANT DOING BUSINESS FROM FIXED LOCATION

A transient merchant doing business from a fixed location may not operate in any location where the operations might reasonably endanger the public safety or impede or inconvenience the public. All structures and vehicles must be located on a paved surface. All vehicles used must be parked off the public street and on a paved surface. Customer parking must be on a paved surface. No structures or vehicles used in conjunction therewith may interfere with designated fire lanes or access to other businesses. No landscaped area or bufferyard may be used for parking or for the storage or display of merchandise. No location within an existing parking lot shall reduce the number of parking spaces. All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license. Any articles not claimed within 30 days may be destroyed or disposed of at the discretion of the City. Any costs associated with clean up may be assessed against the property owner in the same manner as a special assessment.

In a drawing, show the size and location on the property of any temporary structure and temporary signs indicating dimensions and distances from adjoining roadways, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent signs and any other features:



DRAWING OF PREMISES WHERE TRANSIENT MERCHANT WILL BE LOCATED

WRITTEN PERMISSION OF PROPERTY OWNER/OCCUPANT

Before a transient merchant license will be issued, written permission from the property owner/occupant for use of the premises must be obtained.

I, _____, certify that I am the owner/occupant of the property located at _____

And, give permission to _____ to operate a transient merchant business at this location on the dates requested and hereby agree to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property.

I understand that the days a Transient Merchant displays a temporary sign are deducted from the total allotment of sixty (60) days per calendar year for the property.

Signature

Printed Name

Date

Address

Telephone Number

PEDDLING AND SOLICITING

MINNESOTA WORKERS' COMENSATION LIABILITY
CERTIFICATE OF COMPLIANCE

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 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 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 _____

(OR)

I am not required to have workers' 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 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: _____ Telephone: _____

Signature: _____ Date: _____

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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.

Signature _____ Date _____

KELLOGG CODE

**ITINERANT MERCHANT/PEDDLER/SOLICITOR/CANVASSER
AUTHORIZATION FOR RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Kellogg is required to ask the information indicated below. This authorization expires one year from date of application.

PLEASE PRINT:

_____			_____
Full First	Middle	Last Name	Driver's License Number
_____			_____
Home Street Address			Date of Birth (MM/DD/YY)
_____			_____
City	State	Zip	Day Telephone Number
_____			_____
Organization Associated with			Evening Telephone
_____			_____

Have you **ever** been convicted of **any** crime, either felony or misdemeanor? Yes; No. If yes, state location, nature of offense and disposition:

Have you **ever** been convicted of **any** traffic offense? Yes; No. If yes, state location, nature of offense and disposition:

Have you violated any provisions in the Kellogg City Code during the last two (2) years? Yes No

If yes, please explain _____

I, the undersigned, have made application with the City of Kellogg for an **ITINERANT MERCHANT/PEDDLER/SOLICITOR/CANVASSER LICENSE**. Realizing that the City has need to investigate my background and history in order to better evaluate my application. I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

DATE: _____ SIGNATURE: _____

A photocopy of a valid driver's license or state issued ID must accompany this application.

PEDDLING AND SOLICITING

City of Kellogg
350 E. Belvidere Ave. Ste. 1
Kellogg, MN 55945
507-767-4953

SUPPLEMENTAL INVESTIGATION INFORMATION

Print Full Name

Date of Birth

The following information is necessary for the Wabasha Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Wabasha Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____