

City of Grand Meadow
Peddler License Application
112 Grand Avenue East, PO Box 38
Grand Meadow, MN 55936
Phone: 507-754-5280
www.cityofgrandmeadow.com

LICENSE REQUIREMENTS

- Completed Peddler's License application
- Application fee: \$10.00 per day or \$25.00 per week
- Investigation fee: \$25.00 (per calendar year)

License No. _____
 Date: _____
 Receipt No. _____

City of Grand Meadow

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\$10 daily/\$25 weekly

New License <input type="checkbox"/>		Renewal <input type="checkbox"/>	
SECTION A: Applicant information			
Applicant Full Name (Last, First, Middle)			Phone Number
Address	City	State	Zip
Business Name	Business Address		
Brief description of the service or products to be sold			
Do you use a contract? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach a copy.			
Beginning date of sales		Ending date of sales	

SECTION B: Applicant's physical description and background information			
Date of birth		Place of birth	
Social Security Number		Driver's License Number	
Eye color	Hair color	Height	Weight
Vehicle make	Vehicle model	Vehicle color	
Vehicle year	Vehicle license number	State	
List other locations where you have peddled			

Has the applicant or the business ever been convicted of a violation of an ordinance of the City of Grand Meadow or another municipality? List any and all convictions* Please note that failure to disclose information can be grounds for a denial of your application, Disclose any and all convictions you have ever received. Please see end of application for further details on which convictions render you ineligible for this permit.*

- Yes
- No

If yes, give description of the violation, the date(s) of the conviction and the name(s) of the City involved:

Has the applicant ever been convicted of a violation of any statute of the United States, State of Minnesota or any other State? List any and all convictions.
Please note that failure to disclose information can be grounds for a denial of your application. Disclose any and all convictions you have ever received. Please see end of application for further details on which convictions render you ineligible for this permitl.

- Yes
- No

If yes, give description of the violation, the date(s) of the conviction and the name(s) of the State or other jurisdiction involved:

SECTION C: Background investigation consent release

I declare that all information provided in this application is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license. I authorize the City of Grand Meadow Police Department to undertake a background check on me.

Applicant Signature

Date

SECTION D: Police Department use only

As a result of investigation, **I recommend** that this license be granted.

Date

Chief of Police Signature

As a result of investigation, **I do not recommend** that this license be granted.

Date

Chief of Police Signature

SECTION E – Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority 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 are required to advise you of the following regarding use of this information:

- 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 interest;
- Upon receiving this information, the City of Grand Meadow will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI)		Social Security Number	
Home Address	City	State	ZIP
Business Name			
Business Address	City	State	Zip
Minnesota Business ID Number	Federal Tax ID Number		

SECTION F: Certification 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the 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 workers' compensation law (these include spouse, parents, children, and certain farm employees)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

SIGNATURE

POSITION

DATE SIGNED