

# Transient Merchant Application





# TRANSIENT MERCHANT LICENSE APPLICATION

Annual License (\$250.00)

Daily License (\$125.00)

Dates to conduct business: \_\_\_\_\_  
(Maximum 14 consecutive days)

## Applicant Information

Applicant's Name (First, Middle, Last)

Applicant's Home Phone Number

Applicant's Address

Applicant's Cell Phone Number

City State Zip

Applicant's Email Address

Drivers Licenses No. (Must provide copy of license): \_\_\_\_\_

List any and all other names under which the applicant has or does conduct business, or to which the applicant will officially answer to: \_\_\_\_\_

### Physical description of the applicant:

Hair Color: \_\_\_\_\_

Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Distinguishing Marks & Features: \_\_\_\_\_

Full address of applicant's regular place of business (if any): \_\_\_\_\_

Full legal name of any and all business operations owned, managed, or operated by applicant, or for which the applicant is an employee or agent: \_\_\_\_\_

List any and all addresses and telephone numbers where the applicant can be reached while conducting business within the City, including the location where a transient merchant intends to set up his or her business: \_\_\_\_\_

*State whether or not applicant has ever been convicted within the last 5 years of any felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding traffic violations and if so, the date and place of conviction and nature of the offense:*

<b>Date</b>	<b>Place of Conviction</b>	<b>Nature of Offense</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you required to register as a sex offender:  Yes  No

## Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City

State

Zip

### Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created: \_\_\_\_\_

Registered with MN Secretary of State: Yes No

**Sole Proprietorship**

- Certificate of Assumed Name (if any)

**Partnerships (all Types)**

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

**Limited Liability**

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation\*\*

Limited Liability Company

**Corporations (all Types)**

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

**Trusts**

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

\*\* Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

**The failure to provide the above requested information will result in your application being rejected as incomplete.**

Send Future Renewals To: \_\_\_\_\_  
\_\_\_\_\_

Nature of business and types of goods to be sold: \_\_\_\_\_

List 3 most recent locations where the applicant has conducted business as a peddler:

Cities:	Dates:
_____	_____
_____	_____
_____	_____

Written permission of the property owner or the property owner's agent for any location to be used by a transient merchant must be provided:  Yes  No  N/A Reason: \_\_\_\_\_

**Vehicle Information**

License Plate Number: \_\_\_\_\_

Vehicle Identification Number (VIN): \_\_\_\_\_

Registration Information: \_\_\_\_\_

Physical description of Vehicle: \_\_\_\_\_

**Affidavit by Responsible Party**

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

**Office Use Only: Fees payable to the City of Moorhead**

\_\_\_\_\_ Application Fee

Payment:  Cash  Check # \_\_\_\_\_  Credit Card  Other \_\_\_\_\_

Payment Date: \_\_\_\_\_ Received By: \_\_\_\_\_

# TAX IDENTIFICATION FORM

## LICENSE APPLICANT:

Pursuant to \*Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, 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 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 interest:
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 issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant \_\_\_\_\_

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Social Security # (if MN & Federal Tax ID are not provided)\* \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

\_\_\_\_\_  
\_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**\*2008 Minnesota Statutes  
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

**Subd. 4. Licensing authority; duties.**

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** 2005 c 151 art 1 s 87

# Certificate of Compliance

## Minnesota Workers' Compensation Law

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



**CONSENT TO PERFORM CRIMINAL HISTORY/  
DRIVER'S LICENSE BACKGROUND CHECK  
TENNESSEN WARNING**

Print Full Name (First) (Full Middle) (Last)

Print Maiden / Previous Name(s) and/or Aliases

Residing at (Address) (City) (State) (Zip Code)

Driver's License No. / State Phone Number

Cell Phone Number E-Mail

Date of Birth Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Date:

Subscribed and sworn before me this \_\_\_ day of \_\_\_, 20\_\_.

(Notary Public)

My commission expires \_\_\_\_\_

All owners, partners, and managers are to complete a copy of this form.