



CITY OF MILACA Minnesota

255 First Street East, Milaca, MN 56353

(320)983-3141 | (320)983-3142 fax

PLEASE CHECK ONE OF THE FOLLOWING THAT BEST DESCRIBES YOUR APPLICATION:

Peddler Application: A person who goes from house-to-house, door-to-door, business-to-business, street-to-street, or any other type of place-to-place, for the purpose of offering for sale, displaying or exposing for sale, selling or attempting to sell, and delivering immediately upon sale, the goods, wares, products, merchandise or other personal property that the person is carrying or otherwise transporting. The term *PEDDLER* shall mean the same as the term *HAWKER*. **Fee of \$50.00 per applicant**

Solicitor Application: A person who goes from house-to-house, door-to-door, business-to-business, street-to-street, or any other type of place-to-place, for the purpose of obtaining or attempting to obtain orders for goods, wares, products, merchandise, other personal property, or services, of which he or she may be carrying or transporting samples, or that may be described in a catalog or by other means, and for which delivery or performance shall occur at a later time. The absence of samples or catalogs shall not remove a person from the scope of this provision if the actual purpose of the person's activity is to obtain or attempt to obtain orders as discussed above. The term shall mean the same as the term *CANVASSER*. **Fee of \$50.00 per applicant**

Transient Merchant Application: A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty storefront for the purpose of exposing or displaying for sale, selling or attempting to sell, and delivering, goods, wares, products, merchandise, or other personal property and who does not remain or intend to remain in any one location for more than 14 consecutive days. **Fee of \$50.00 per applicant**

NAME OF APPLICANT: _____
FIRST FULL MIDDLE LAST

OTHER OFFICIAL NAMES USED BY APPLICANT: _____

PERMANENT ADDRESS: _____
CITY STATE ZIP

APPLICANT PHONE: _____ APPLICANT EMAIL: _____

APPLICANT IS: Individual Partnership Corporation Other Organization

FULL NAME OF BUSINESS OR ORGANIZATION: _____

BUSINESS ADDRESS: _____
CITY STATE ZIP

BUSINESS TELEPHONE: _____ BUSINESS CELL PHONE: _____

Are you a U.S. citizen? _____ Yes _____ No

If employed, name of employer: _____

Address of employer: _____

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If you checked Partnership, Corporation, or Other Organization, please complete the following.

Is Partnership, Corporation or Other Organization organized under Minnesota Law? _____ Yes _____ No

a) If no, State in which organized: _____

b) Is Organization authorized to do business in Minnesota: _____ Yes _____ No

c) Attach a copy of Certificate of Authority to transact business in Minnesota.

Address of registered office of agent in State of Minnesota:

City State Zip

Type of business to be conducted: _____

Have goods to be sold been grown or produced by you? _____ Yes _____ No

Location where business will be conducted: (Please list streets or describe precise area). If business is to be conducted from one location, please give street address: _____

Length of time license is desired:
(14 consecutive days maximum) _____ Days from _____ to _____
(6 month maximum) _____ Months from _____ to _____

Describe vehicle(s) to be used, if any:

VIN #	Year	Make	Color	License #

Please list last 3 cities you have been in: _____

Please attach a copy of Permit for retail sales issued by the State of Minnesota, pursuant to MN Statutes #297A.

Applicant's Signature _____ Date _____

INCLUDE THE FOLLOWING WITH APPLICATION:

- PERMIT FOR RETAIL SALES (If applicable)
- \$50.00 (Check, Cash, Debit or Credit Card)
- BACKGROUND CONSENT FORM
- Certificate of Authority to transact business in Minnesota
- COPY OF DRIVER'S LICENSE (Both Sides)

If paying by Debit or Credit Card, there is a minimum \$3.00 Convenience Fee or 2.95%.

Date Paid: _____ Cash Check # _____ Debit/Credit Card

Approved/Denied by: _____ Date _____

UPDATED: 05242022



BACKGROUND CONSENT FORM

The Milaca Police Department is required and authorized to conduct criminal history background checks on all applicants for the City of Milaca. Upon completing this form, you consent to this criminal history background check. Failure to complete form will result in denial of your application. Application must be completed for each applicant.

Name First Name Full Middle Name Last Name

Home Address Street City St Zip

Home Telephone: Cell Phone:

Driver's License # State:

Date of Birth Month Day Year

Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? Yes No

(If yes, please attach a statement describing the nature of the offense(s) and the penalty)

Have you ever used or been known by a name other than your true name stated on Page 1 of this application? Yes No

If yes, please state name(s), date(s) and place(s) used:

I hereby declare that the information I have provided is true and correct and authorize the City of Milaca to conduct a criminal history background check and make whatever inquiries that are deemed necessary to verify the information provided to be used in determination with this application. I release the City of Milaca and the Milaca Police Department and any of its agents or employees from any and all liability for its receipt and use of information and records received pursuant to this consent.

I have received a copy of City of Milaca's Chapter 115 and agree to abide by the regulations herein.

Signature of Individual

Table with 3 columns: ACTION, DATE, INITIALED BY. Rows include Date to Police for Criminal History Check, Date Criminal History Returned, Criminal History (Clear/Not Clear), and Date Approved by City Council.