

CITY OF MILACA
255 1st St E
MILACA MN 56353



320-983-3141
320-983-3142 FAX
www.cityofmilaca.org

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 \$10.00**
- 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*. **No Fee**
- 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 \$25.00**

NAME OF APPLICANT: _____
FIRST FULL MIDDLE LAST

OTHER OFFICIAL NAMES USED BY APPLICANT: _____

PERMANENT ADDRESS: _____
CITY STATE ZIP

APPLICANT HOME PHONE: _____ APPLICANT CELL PHONE: _____

APPLICANT IS: Individual Partnership Corporation Other Organization

FULL NAME OF BUSINESS OR ORGANIZATION: _____

BUSINESS ADDRESS: _____
CITY STATE ZIP

BUSINESS TELEPHONE: _____ BUSINESS CELL PHONE: _____

If employed, name of employer: _____

Address of employer: _____

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 registered agent in State of Minnesota:

City State Zip

Attach a list of every agent or employee of the applicant who will transact business within the City of Milaca on behalf of the applicant. If you checked Peddler Applicant on front page, each person must also submit a Background Consent Form. Please make copies if needed.

Name Address Telephone Number Driver's License # (along with a copy of license)

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: _____ Days From _____ to _____
_____ Hours From _____ to _____
_____ Months from _____ to _____

Describe vehicle(s) to be used, if any:
Year Make Color License #
Year Make Color License #

Do you have similar licenses in any other city: _____ Yes _____ No

If yes, please name cities: _____

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

Applicant's Signature Date

If you checked Peddler Applicant on Page 1, please submit payment of \$10.00 and complete Background Consent Form (Attached)

If you checked Solicitor Applicant, there is no fee.

If you checked Transient Merchant Applicant, please submit payment of \$25.00

Please make check payable to City of Milaca, 255 1st St E, Milaca MN 56353

HAVE YOU INCLUDED THE FOLLOWING WITH APPLICATION:

- COPY OF DRIVER'S LICENSE(S) CHECK FOR \$10.00 OR \$25.00 (SEE ABOVE FEES)
PERMIT FOR RETAIL SALES (If applicable) Certificate of Authority to transact business in Minnesota
BACKGROUND CONSENT FORM(S) (If applicable)

Date Paid: _____ Cash Check

Approved/Denied by: _____ Date _____

BACKGROUND CONSENT FORM



This form to be completed ONLY if Peddler Application was checked on Page 1

The Milaca Police Department is required and authorized to conduct criminal history background checks on all Peddler 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 Peddler Application.

Name _____
First Name Full Middle Name Last Name

Home Address _____
Street City St Zip

Home Telephone: _____ Cell Phone: _____

Driver's License # _____ State: _____

Please include a copy of your driver's license.

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.

Signature of Individual Authorizing Release

ACTION	DATE	INITIALED BY
Date to Police for Criminal History Check		
Date Criminal History Returned		
Criminal History	Clear Not Clear	
Date Approved		