



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**
- Mobile Food Unit Application:** A food and beverage service establishment that is a vehicle mounted unit, either motorized or trailered, and readily movable, without disassembling, for transport to another location. The unit can operate no more than 21 days annually at any one place, or operate more than 21 days annually at any one place with the approval of the regulatory authority as defined in Minnesota Rules, part 4626.0020, subpart 70; or (2) operate in conjunction with a permanent business licensed under this chapter or chapter 28A at the site of the permanent business by the same individual or company, and readily movable, without disassembling, for transport to another location.. All mobile food units must be operated in compliance with the Minnesota Food Code. **Fees:**
 - Five Consecutive Days: \$50**
 - Six Months: \$100**
 - Yearly (Through December 31st): \$200**

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: _____

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).

Length of time license is desired (Peddler, Solicitor, or Transient Merchant Only):

(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 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

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: 01082025



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PART II - CONSENT RELEASE FORM - BACKGROUND CHECK INFORMATION TO BE USED FOR LICENSING PURPOSES

This form is to be filled out by the applicant, owner, each partner, officer, and manager of establishment.
(Form maybe copied if additional sheets are needed)

PLEASE PRINT:

Business Name: _____ Business Phone: _____

Business Address: _____
Street City State Zip code

Name: _____
Last Name First Name Full Middle

Title: _____
(Owner, Partner, Officer, Manager, etc.)

Current and former (within five years) addresses:

current
prior
prior

Street City State Zip code

Street City State Zip code

Street City State Zip code

Phone Numbers:

Home: _____ Business: _____ Cell: _____

Other Names: (Other names by which individual has been known, including maiden name, names from previous marriages or aliases - attach additional sheet of paper if necessary).

Last First Full Middle Name

Last First Full Middle Name

Date of Birth: ____/____/____ Place of Birth: _____

Drivers License No.: _____ State of Issue: _____

Have you been convicted within the last five years of a misdemeanor or felony? Yes No

If yes, explain: _____

I hereby declare that the information I have provided is true and correct and authorize the City of Milaca to investigate and make whatever inquiries that are deemed necessary to verify the information provided to be used in determination of the license application's approval or denial. 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.

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Milaca.
2. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
3. You are not legally obligated to supply the requested information. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
4. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
5. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
6. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

(Printed Full Name of individual authorizing release)

(Signature of individual authorizing release)

(Date)

*****CITY OF MILACA POLICE DEPT. USE ONLY *****

Comments: _____

Police Dept. Signature

Title

Date