



COMMUNITY DEVELOPMENT DEPARTMENT
2400 MARGARET ST
NORTH ST. PAUL, MN 55109
PHONE: 651-747-2400
FAX: 651-747-2435

APPLICATION FOR PEDDLER/TRANSIENT MERCHANT/SOLICITOR LICENSE

Current County License# _____
(COPY MUST BE SUBMITTED WITH APPLICATION)

License Fee: \$100.00 per business
\$75.00 per employee
(see page 2 for details)

Applicant Name: _____
(First) (Middle) (Last)

Home Address: _____
(Street) (City) (State) (Zip Code)

Contact Phone Number: _____ Contact Email: _____

Business Name: _____

Business Address: _____

Business Phone: _____ Email: _____

Name of Local Supervisor: _____ Phone: _____

Dates Conducting Business: Beginning _____ Ending: _____

General description of items sold, services provided or description of advocacy being conducted: _____

NOTE: You must supply the City of North St. Paul with a Certificate of Liability Insurance providing the following:

\$2,000,000 / accident, person, and property damage

You must also provide proof of Workers' Compensation coverage.

The permit applicant shall file with the City Manager a bond or policy of public liability insurance conditioned that the licensee will indemnify and save harmless the city, its officers, agents and employees from any and all loss, costs, damages, expenses or liability which may result from or arise out of the granting of such permit. The policy of insurance shall be maintained in its original amount by the applicant at all times during the period for which the permit is in effect. In the event that two or more permits are issued to one applicant, one policy of insurance may be furnished to cover two or more events, and each policy shall be of a type which automatically continues coverage after the occurrence of any loss or accident from which liability may accrue.

The undersigned acknowledges receipt of applicable City ordinances pertaining to the license type applied for.

Signature: _____ Date: _____

TENNESSEN WARNING

You are hereby warned, pursuant to Minnesota Statutes, Section 13.04, Subd. 2 that the license you are applying for will require you to supply to the City private or confidential data about yourself. This data will be used by the City staff and City Council to determine whether or not you should receive the license applied for. You have a right to refuse to supply the data asked for, however, your application will NOT be processed without all the questions being answered. All data supplied in the license application and the investigative data obtained by agents of the City in processing this application will be public data. PUBLIC DATA is available to anyone who requests it.

You are also warned to seek legal counsel of our own choice to review this TENNESSEN WARNING so that you can understand the full consequences of your answering the questions on the application for license.

Signature: _____ Date: _____

I have read the above warning and fully understand the consequences of filling out the attached application for license, and waive any rights I may have to keep the data private or confidential.

Phone: _____ Title: _____

License Fee: \$100.00 per business and \$75.00 per employee (if you are exempt, please mark your status and provide documentation).

- Non-profit organization** – definition: granted tax-exempt status by the Internal Revenue Service (IRS). If the non-profit is being represented by a **professional fundraising business**, the license fee applies.
- Solicitor** - definition: someone who goes door-to-door to obtain orders for goods or services to be delivered or performed at a later date. You do not carry merchandise with you for sales.
- Canvasser** - definition: someone who goes door-to-door with the primary purpose of furthering religious, social, or political advocacy.

The undersigned hereby applies for a license to carry out the business of: _____ in the City of North St. Paul, Minnesota, subject to the laws of Minnesota and the ordinances for the City, and herewith submits the sum of \$ _____ as the license fee therefore.

Signature: _____ Date: _____

**IMPORTANT NOTICE:
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

FOR OFFICE USE ONLY (1.3290)

Fee Paid: _____

Date Received: _____

Approved By: _____

License #: _____

Date License Sent: _____

Notes/Comments :
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>

SOCIAL SECURITY AND TAX ID DATA COLLECTION NOTICE

(REQUIRED BY STATE BEFORE PERMIT CAN BE ISSUED)

The City of North St. Paul, in accordance with MN Statute 270C.72, Subdivision 4.1 is required to collect from you, as a condition of your license or registration, your Social Security number and/or Minnesota Tax Identification number.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes;
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 license issuance or renewal.**

Supply the following information (all that applies) and return along with your application to the City of North St. Paul.

Licensee Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____

Primary Contact: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip Code: _____

MN Tax ID Number: _____ Social Security Number: _____

Licensee Signature: _____ Date: _____

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 application. 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 business 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.

CERTIFICATE OF COMPLIANCE

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant

Print in ink or type

Minnesota Statutes §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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as", or "also known as" an assumed name), if applicable

Business Address (must be physical street address, no P.O. Boxes) City	State	Zip
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County	Email address
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You must complete number 1 or 2 below

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I HAVE A WORKERS' COMPENSATION INSURANCE POLICY**

Insurance company name (not the insurance agent)

Policy number	Effective Date	Expiration Date
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I AM SELF-INSURED FOR WORKERS' COMPENSATION (Attach a copy of the authorization from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance)

2. **I AM NOT REQUIRED TO HAVE WORKERS' COMPENSATION INSURANCE BECAUSE:**

I only use independent contractors and do not have employees (see Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723 subd. 4, for building construction; and Minnesota Rules Chapter 5224 for other industries)

I do not use independent contractors and I have no employees. (see Minn. Stat. § 176.011, subd. 9, for the definition of an employee)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law (explain below)

I only have employees who are not required to be covered by the workers' compensation law (explain below) (See Minn. Stat. § 176.041 for a list of excluded employees)

Explain why your employees are not required to be covered _____

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print, or audio, call (651) 284-5032 or 1-800-342-5354

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APPLICATION FOR PEDDLER/TRANSIENT MERCHANT/SOLICITOR LICENSE SUPPLEMENTAL INFORMATION

Vehicle information (if being used to conduct business in North St. Paul):

Make: _____ Model: _____ Year: _____

License plate number and state of issue: _____

List the last 3 cities or other localities where applicant conducted solicitation/advocacy work immediately preceding the date of application: _____

Has your firm or business ever had a registration or license to solicit been denied or revoked by a city or other government body within 3 years of application date? NO YES

If yes, please provide details: _____

Dates of anticipated solicitation work: _____
(work must cease by 9:00 p.m.)

Employees to be conducting solicitation work in North St. Paul:

NOTE: You must also attach **color copies** of each individuals Driver's License or ID Card to application.

NAME (include first, middle and last)	ADDRESS (include city, state & zip code)	DRIVER'S LICENSE # (include state of issuance)

If there is additional staff, please attach additional list.

Notice and Notarized Signature

The Minnesota Data Practices Act requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not the public. We are requesting this data to determine your eligibility to register or be licensed as a peddler, solicitor, or transient merchant in the City of North St. Paul. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data; however, refusing to supply the data may cause your application to not be processed. Your signature on this application indicates you understand these rights.

The City of North St. Paul requires the applicant to declare they have ran background checks in the course of the hiring process of their employees or obtained background checks for the purpose of this application. Solicitors must not have convictions in the past 5 years that involve theft, fraud, or violent crimes.

I declare that the information I have provided on this application is truthful, and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of North St. Paul to investigate and make whatever inquiries are necessary to verify the information provided.

Applicant Signature: _____ Date: _____

** Must sign in front of a Notary

State of: _____

County of: _____

On ____/____/____, before me, _____

Proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and has hereby acknowledged to me that they have executed the same in their authorized capacity, and that by their signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

Notary Public Signature

(seal)

APPLICATION FOR PEDDLER/TRANSIENT MERCHANT/SOLICITOR LICENSE



This is the application for a Peddler/Transient Merchant/Solicitor License with the City of North St. Paul. Below is a checklist for your convenience to ensure that you have all the required documentation prior to turning in your application at the City.

PLEASE NOTE:

Your license will not be issued unless all the required documentation has been provided.

Items needed as follows (please use this as your checklist):

- _____ Application for Peddler/Transient Merchant/Solicitor License (*page 1*)
- _____ Tennesen Warning (*page 2*)
- _____ Social Security and Tax ID Data Collection Notice (*page 3*)
- _____ Certificate of Compliance MN Workers' Compensation Law (*page 4*)
(if you are required to have workers' compensation insurance, please provide on certificate of liability form.)
- _____ Peddler/Transient Merchant/Solicitor Supplemental Information (*page 5*)
- _____ Notice and Notarized Signature (*page 6*) **** must sign in front of a Notary**
- _____ Certificate of Liability Insurance (acquire from your insurance agent/company)
Please list the City of North St. Paul as the Certificate Holder so it appears as follows:

City of North St. Paul
2400 Margaret St. N.
North St. Paul, MN 55109
- _____ Copy of your County Peddler/Transient Merchant License

If you have any questions or concerns, please contact our office at the phone number provided below.

You may drop off your application, mail your application to the address above, or email it to:

nspcd@northstpaul.org

You can also reach our office at (651) 747-2400.