

Personal Information:

Physical Address _____

Physical Description:

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License / Identification Information:

Number _____ Issuing State _____

Date of Birth: _____

License Activity Information:

Describe the type of business to which the license applies: _____

Describe generally the items to be sold/services provided: _____

Length of license: _____ Days/Weeks/Months (circle one)
Number

Dates when you intend to conduct business in the City (14 consecutive day maximum):

Provide all addresses and telephone numbers to be reached at while conducting business in the City (Transient Merchants, provide phone number where conducting business):

Address	Telephone

Provide the last three locations where you have conducted business as a Peddler or Transient Merchant (City, State, Name of Business, Dates):

List the license plate number, registration information and vehicle identification number for any vehicles used in conjunction with licensed business (attach additional sheets if necessary):

License Plate #	State	Make	Model	Year	Color

Transient Merchants Only

*****Written consent from the property owner must be submitted with this application. *****

Property name where business will be conducted: _____

Property Address: _____

Property Owner's Name: _____ Phone: _____

***** This section must be signed in from of a Notary Public*****

I AGREE TO OPERATE SUCH BUSINESS IN ACCORDANCE WITH THE LAWS OF MINNESOTA AND THE ORDINANCES OF THE CITY OF SHAKOPEE. THE FORGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Subscribed and sworn to before me this
_____ day of _____, 20_____.

Notary Public

My commission expires: _____

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

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

- () I have no employees.
- () I am self-insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law
(These include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 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 you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City, County, State) _____

License Renewal date: _____

Personal Information (If applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (If applicable)

Business Name: _____

Business Address: _____

Minnesota tax Identification Number: _____

Federal Tax Identification Number: _____

(If a MN Tax I.D. is not required, please explain on the reverse side of this form)

Signature _____ Date _____

BACKGROUND CHECK INFORMATION FORM

Identity Information:

Last Name	First Name	Middle Name
List any OTHER names you have used in the past (Example: Maiden name, name from a previous marriage, etc.):		

Date of Birth*		Social Security Number*	
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** This information will be used for background screening purposes only and will not be used as hiring criteria.*

Contact Information:

Day-Time Phone #:		Email Address:	
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Address History:

Please list ALL of the addresses where you have lived during the past 7 years:				
	Street Address	City	State	Zip Code
Current				
Previous				
Previous				
Previous				
Previous				

Driver's License**:

Driver's License Number	State Issued:	Expiration Date:

**** Please provide Driver's License Number only if motor vehicle record reports will be requested**

Signature

Date

**Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____,
hereby authorize and grant my informed consent to allow the City of Shakopee to conduct a criminal history check in conjunction with my Peddlers/Transient Merchant/Solicitor License. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the City of Shakopee will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in Peddlers/Transient Merchant/Solicitor License and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date