



Transient Merchant Application

Peddler Hawker Solicitor Mobile Food Unit

Applicant Information

Name of Applicant: _____ Business Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Description of Business: _____

Dates Requested: _____

Select one:

- Per Day (\$275 plus \$36/day up to 20 days) **Must get approval from the City for each event
- Annual License (\$995 for 21+ days) **Expires at the end of the calendar year

To be considered for a license, application must be complete and include

- Copy of Certificate of Compliance Minnesota Workers Compensation
- Copy of License Applicant Information
- Copy of Minnesota Department of Health Food License (If providing food)
- Copy of Liability Insurance
- Current \$2,000 Surety Bond

Signature: _____

Printed Name: _____

Date: _____

PROHIBITED ACTIVITIES (City Code 604.13)

It is unlawful for any transient merchant, hawker, peddler or solicitor to:

- 1) Engage in solicitation for any unlawful business or organizational purpose or activity;
- 2) Practice harassment; nuisance, theft, deceit, or menacing, troublesome or otherwise unlawful activities during the course of solicitation;
- 3) Solicit to residential premises displaying at such entrance a sign with the words “Peddlers and Solicitors Prohibited” or “Solicitors Prohibited”;
- 4) Refuse to leave premises when requested by owner, lessee, or person in charge thereof;
- 5) Call attention to his business or to his merchandise by crying out, by blowing a horn or by any loud or unusual noise;
- 6) Displaying merchandise, parking vehicle or placing temporary structure in such place or position as to prohibit or interfere with the movement of traffic or restrict the view of traffic on any City sidewalk, street or highway;
- 7) Displaying or selling merchandise on any right of way or public property.

PUBLIC RIGHT OF WAY EXEMPTION (City Code 604.14)

A Transient Merchant License may be issued to Transient Merchants and Hawkers to utilize the public right of way of City streets and roadways to display, sell and deliver pre-manufactured and pre-packaged products containing ice cream, frozen yogurt, frozen custard, frozen flavored water or frozen juice from a self-propelled vehicle temporarily parked in the portion of the street or roadway where parking is allowed. Temporary vehicle parking by such licensed

Transient Merchants and Hawkers for sale and delivery of their product is limited in duration to no more than 15 minutes in any one location, and each such parking location must be located at least 100 feet from the immediately preceding parking location where sale and delivery of the product occurred. No manufacture, assembly, creation, mixing, preparation or packaging of the product for display, sale or delivery may occur in or near the vehicle during the period of time when the vehicle is parked on the City street or roadway.

PENALTIES (City Code 604.15)

This Chapter 604 may be enforced through the Administrative Penalties Ordinance, Chapter 214 of the City Code. In addition, each violation of any provision of Chapter 604, shall be a misdemeanor and each day that the violation continues, shall constitute a separate offense.

By signing this document, I acknowledge that I have read and understood the above-mentioned regulations and penalties:

Applicant Signature

Date

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):		City of Detroit Lakes	
License Renewal Date:			

PERSONAL INFORMATION:			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

BUSINESS INFORMATION:			
Business name			
Business address	City	State	Zip Code
Minnesota tax identification number		Federal tax identification number	
If a Minnesota tax identification is not required, please explain on the reverse side of this form.			

Applicant Signature:

Signature _____ Title _____ Date _____

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 Minnesota Statutes 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	
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 code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

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

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.