

City of Austin



**500 Fourth Avenue NE  
Austin, Minnesota 55912-3773  
Phone: 507-437-9940**

**[www.ci.austin.mn.us](http://www.ci.austin.mn.us)**

## Peddler's License

### **NEW LICENSE REQUIREMENTS**

- City of Austin Application for Peddler's License
- Investigation fee: \$25. (one-time fee)
- \$10 per day or \$25 per week

**City of Austin**  
**Application for Peddler License**  
 City of Austin ♦ 500 4<sup>th</sup> Avenue NE  
 507-437-9940  
 www.ci.austin.mn.us



License No. _____
Date: _____
Receipt No. _____

**\$10 daily/\$25 weekly**

New License <input type="checkbox"/>		Renewal <input type="checkbox"/>	
<b>SECTION A: Applicant information</b>			
Applicant Name:			Phone Number:
Address	City	State	Zip
Business Name	Business Address		
Brief description of the service or products to be sold:			
Do you use a contract? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach a copy.			
Beginning date of sales:		Ending date of sales:	

<b>SECTION B: Applicant's physical description and background information</b>			
Date of birth		Place of birth	
Social Security Number		Driver's License Number	
Eye color:	Hair color:	Height:	Weight:
Vehicle make:	Vehicle model:	Vehicle color:	
Vehicle year:	Vehicle license number:	State:	
List three other locations where you have peddled			
Describe in a short narrative the procedure you will use in your soliciting or sales			

**SECTION C. Background investigation consent release**

*I declare that all information provided in this application is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license. I authorize the City of Austin Police Department to undertake a background check on me.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

**SECTION D. For Police Department use only**

Photo ID or valid driver's license verified by:

Date:

Fingerprints taken by

Date:

Police Department Records

Sheriff's Office Records

FBI Records

BCA Records

Other Agencies

Summary

**SECTION E: Police Department use only**

As a result of investigation, **I recommend** that this license be granted.

Date:

Chief of Police \_\_\_\_\_

As a result of investigation, **I do not recommend** that this license be granted.

Date:

Chief of Police \_\_\_\_\_

**SECTION F – Tax Identification Information**

Pursuant to Minnesota Statute 270C.72, the licensing authority 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 are required to advise you of the following regarding use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI)		Social Security Number	
Home Address	City	State	ZIP
Business Name			
Business Address	City	State	Zip
Minnesota Business ID Number	Federal Tax ID Number:		

**SECTION G: 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. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the 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)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE SIGNED