

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
507-437-9940
www.ci.austin.mn.us

PEDDLER OR TRANSIENT MERCHANT LICENSE

- *A peddler is 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.*
- *A transient merchant is a person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front 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. The State of Minnesota requires a transient merchant to obtain a license from the county they are wishing to sell in.*

NEW LICENSE REQUIREMENTS

- City of Austin Application for Peddler or Transient Merchant License
- Copy of Driver's License
- Transient merchants must provide copy of Mower County transient merchant license & written permission of the property owner or property owner's agent allowing the property to be used
- \$10 per day or \$25 per week
- Investigation fee: \$55
- After fees are paid at City Hall:
 - Take your application to Mower County Jail at the **Mower County Justice Center** for fingerprinting – no additional charge; let them know it is for the City of Austin. They will give you the finger prints. **Address: 201 2nd Avenue NE**
 - Take the fingerprints and application to Austin Police Department at the **Government Center** for background check – no additional charge; let them know it is for the City of Austin. They will keep the application. **Address: 201 1st Street NE**

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorQ Entry. _____



City of Austin
Application for Peddler or
Transient Merchant License
City of Austin ♦ 500 4th Avenue NE
507-437-9940
www.ci.austin.mn.us
Submit to: licensing@ci.austin.mn.us

\$55 investigation fee +
\$10 daily/ \$25 weekly Number of Days: _____

Peddler Transient Merchant

SECTION A: Applicant information

Applicant Name: _____ Email Address: _____ Phone Number: _____

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

Business/Agency/Organization Name: _____ Business Phone: _____

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

Brief description of the service or products to be sold: _____

Beginning date of sales: _____ Ending date of sales: _____ Do you use a contract? No Yes
If yes, please attach a copy.

SECTION B: For Transient Merchant License only

Location (no more than 14 consecutive days): _____

SECTION C: Applicant's physical description and background information

Date of Birth: _____ Place of Birth: _____ Eye Color: _____ Hair Color: _____

Driver's License Number: _____ Issuing State of Driver's License: _____ Height: _____ Weight: _____

Vehicle Make: _____ Vehicle Model: _____ Vehicle Color: _____

Vehicle Year: _____ Vehicle License Number: _____ State: _____

List three other Minnesota cities where you have registered or applied for a permit for your activities: _____

List locations (City/State), dates and offenses of any felony, crime or violation of any ordinance, other than traffic: _____

Has applicant ever used or been known by a different name? If yes, give full details (name, date and places used). _____

I certify that the information provided on this form is accurate and complete.

SIGNATURE

DATE SIGNED

SECTION D: 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 Name

Applicant Social Security Number

Applicant's Signature

Date

SECTION E: Police Department use only

Photograph taken by:

Date:

Fingerprints taken by:

Date:

Police Department Records:

Sheriff's Office Records:

FBI Records:

BCA Records:

Credit Records:

Other Agencies:

Summary:

SECTION F: 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 G – Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner 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:
Minnesota Business Tax ID Number:		Federal Tax ID Number:	

If Minnesota Tax Identification is not required, please explain:

SECTION H: 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