



License Fee: \$25.00 per day
\$250.00 14 consecutive days

APPLICATION FOR TRANSIENT MERCHANTS AND PEDDLERS

1. Name of applicant: _____
(First) (Middle) (Last) (Maiden)

2. Other names under which the applicant conducts business or to which applicant officially answers: _____

3. A physical description of the applicant (hair color, eye color, height, weight, distinguishing marks and features): _____

4. Full address of applicant's permanent residence: _____

5. Full address and telephone number of applicant's regular place of business (if any)

6. Type of business for which the applicant is applying for a license: _____

7. The dates during which the applicant intends to conduct business in the City
(Sales are limited to 30 days per year and no more than 14 consecutive days)

8. Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the City: _____

9. Name and Phone number of contact person or persons if other than applicant:

10. Location where transient merchant intends to set up business: _____

11. Written permission of the property owner or the property owner's agent for any property to be used by a transient merchant: _____

12. A general description of the items to be sold or services to be provided: _____

13. The license plate number, registration information and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle. _____

14. Food Vendors - All Food vendors must contact the Minnesota Department of Health at (320) 223-7300 for a food license. A copy of the food license shall be attached to this application.

Are you a food vendor? Yes ___ No ___

If yes, is a copy of your food license from the MN Dept. of Health attached?

Yes __ No __

I, the above applicant, state that I have not been convicted of any felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance other than traffic offenses within the last five years. I also state that the information provided in this application is true.

Signature of Applicant

Date

FOR OFFICE USE

Date of application: _____

License fee received: _____

Attachments, if applicable:

- Written permission from property owner: _____
- Copy of food license from MN Dept. of Health: _____

Date license was issued: _____

Background Check Results: _____

Notes regarding application and license procedures: _____



TENNESSEN WARNING

TRANSIENT MERCHANT/PEDDLER LICENSE APPLICATION

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the City of Jenkins (the City) during the license application process.

Any information about yourself that you provide to the City during the license application process will be used to identify you as an applicant and to assess your qualifications for obtaining a transient merchant/peddler license within the City. If you wish to be considered for a transient merchant/peddler license, you are required to provide the information requested in the license application. If you refuse to supply information requested by the City, it may mean that your application will not be considered.

All individuals in the City who need to know information will have access.

Signature of Applicant

Date

