PEDDLER & SOLICITOR LICENSE APPLICATION PACKET

REQUIRED FORMS:

- ❑ License Application *(provided in this packet)*
- ❑ Authorization and Release Form; one for each applicant *(provided in this packet)*

Applicant provides the following items with this application:

- ❑ List of persons working for organization or business
- ❑ Colored Picture (2" x 2") of each applicant
- ❑ Letter explaining your purpose to the City Council

INVESTIGATION FEES:(PER PERSON)
(Nonrefundable)

If in Minnesota all of past 10 years: ____$62.00 Investigation fee for 1st applicant

____$25.00 each additional applicant

If out of Minnesota any of past 10 years: ____$125 each applicant (fingerprinting required by Crystal Police Department)

LICENSE FEES:(PER COMPANY)

____$15.00 per day ____number of days _____ Date(s)

____$175.00 per month

____$300.00 per year (Jan-Dec; not prorated)

Total $_____

All licenses must be approved by the City Council before they are issued. Council meetings are held on the first and third Tuesdays of each month. In addition, criminal history checks must be conducted and may take up to one week to complete. Please allow enough time for these requirements. If you have questions, please call the Administrative Services Coordinator at (763) 531-1131. Thank you.

Mail completed application with fees to:
City of Crystal, Attention: Trudy Tassoni, 4141 Douglas Drive, Crystal, MN 55422

Incomplete forms will not be accepted.

APPLICATION FOR LICENSE

City of Crystal
4141 Douglas Drive N, Crystal, MN 55422
Telephone: (763) 531-1000 / Facsimile: (763) 531-1188
Deaf and hard of hearing callers may call Minnesota Relay at 711.

PLEASE PRINT CLEARLY

Applicant's Name:	Fee:* (0100-4105) (investigation fee: 0100-4105)	$ (including investigation fee)
Home Address:	Home Phone: ( )	
City/State/Zip:	Cell Phone: ( )	
Business Name:	Business Phone: ( )	
Doing Business As:	Fax Phone: ( )	
Business Address, including zip code:		
MN Tax ID #: **(NOTE: you must provide a copy of the confirmation letter from the State.)**	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of _____ dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **OPERATE AS A** *(select one)* **PEDDLER** *or* **SOLICITOR** at the above business address for the period _____through _____, subject to all conditions and provisions of said Ordinance.

ADDITIONAL REQUIREMENTS

1. List of persons working for organization or business
2. Colored picture (2" x 2") of each applicant
3. Letter explaining your purpose to the City Council

The information in this Application For License is true and complete to the best of my knowledge.

_____ _____

Signature of Applicant ***Date***

***Fee**: $15 per day; $175 per month; $300 per year (January – December)
Plus Investigation Fee = If in MN all of past 10 years: $62/1st applicant; $25/each additional applicant
If out of MN any of past 10 years: $125/each applicant (fingerprinting required by Crystal Police Dept)

APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION
(Includes Tennessen Warning)

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 or 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 this information 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;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application.

City Use Only: JDE#_____ Date Entered: _____

PIMS ID#_____ Council Date: _____

PERSONAL APPLICANT INFORMATION

Full Name: _____
First *Middle* *Last*

Other names the applicant may conduct business under or answer to: _____

Applicant's physical description: Eye Color:_____ Height:_____Weight:_____ Hair Color:_____

Permanent Home Address:_____
Street *City* *State* *Zip Code*

Applicant's Local Address:_____
Street *City* *State* *Zip Code*

Applicant's phone number: _____

Give a description of the nature of the business and the goods or services to be sold:

_____

_____

Name of Employer: _____

Address of Employer: _____
Street *City* *State* *Zip Code*

Phone number of Employer: _____

Dates to conduct peddling/soliciting: _____

Number of agents/employees under this company who are participating in peddling/soliciting? _____

Supply source of goods to be sold:_____
Company name *Phone number*

Method of delivery:_____

Have you ever been convicted of any crime or violated any municipal ordinance, other than a traffic offense?

☐ Yes *or* ☐ No

If yes, state the place, nature of the offense, and penalty assessed:_____

Name up to three other cities where the applicant conducted similar business immediately preceding the date of this application.

_____

_____

Applicant's driver's license or state-issued identification number: _____

Description of vehicle to be used:_____
Year *Make* *Model* *License Plate Number*

Attach a recent 2" x 2" photo of yourself, showing your head and shoulders.

Approved by:_____
Police Department/City Clerk

_____
Signature of Applicant

_____
Date of Application

Certificate of Compliance
Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041 for a list of excluded employees.) Explain why your employees are not covered:_____

☐ Other:_____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE

NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

MN LIC 04 (11/08)

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.ci.crystal.mn.us

The following information is required per Crystal City Code Section 311.01, Subd. 3, which authorizes a Minnesota Computerized Criminal History background investigation for approval or denial of a city license or permit.

AUTHORIZATION AND RELEASE

The undersigned, having filed an application with the City of Crystal ("City") for a city license, does hereby authorize and request anyone having control of any documents or information pertaining to me to furnish copies of any such documents or information to representatives of the City, and to permit said representatives of the City to inspect and make copies of any such documents or information. I further authorize any such persons to answer any inquiries concerning the undersigned, which may be submitted to them by representatives of the City. I fully understand that the City may use this information in its evaluation of my city license application. I hereby release and exonerate any person who complies with this Authorization and Release from any and all liability pertaining to the furnishing or inspection of such documents or information.

Applicant's Signature:_____ Dated:_____, 20_____

PLEASE PRINT:

Applicant's name:_____
First Middle Last Suffix

If known by previous name, provide:_____

Home Address:_____
City State Zip

Daytime Telephone Number: (_____)_____ Date of Birth:_____

Driver's License:_____
Number State Where Issued

Organization Associated With:_____

Type of City License Applied For:_____

I have lived in MN for _____ years. If less than 10 years, list previous addresses:

_____

_____

4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.ci.crystal.mn.us

Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at _____, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form. I hereby certify that I/we are current on the following financial obligations:
(Circle answers)

Yes	No	Property Taxes paid
Yes	No	Utility Bills paid
Yes	No	State Taxes paid
Yes	No	Federal Taxes paid
Yes	No	Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

_____

_____

_____

_____

See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on:_____ (date)

_____ _____

Print Name Signature

Note: Filing a false statement with a government agency is a criminal offense.

Staff use only
Verified compliance
_____<date>

The City of Crystal has adopted the following ordinance:

Crystal City Code 1005.29 Financial responsibility; applicability. (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the city of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

What does this mean for a city-issued business license?

Prior to issuance of a city-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

What will happen if a license holder is not financially responsible?

A hearing is granted before the city council. The council may deny, suspend or revoke the city-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.