



**CITY OF MADISON LAKE | 525 MAIN ST. | P.O. BOX 295 | MADISON LAKE, MN 56063
507.243.3011 | WWW.MADISONLAKEMN.GOV**

**CITY OF MADISON LAKE
PEDDLERS & TRANSIENT MERCHANTS
LICENSE APPLICATION**

Approval of a Solicitors, Peddlers, and Transient Merchant License for the City of Madison Lake is subject to compliance with Chapter 115 of the City Code. The following outlines background information and submission requirements for the processing of applications for a Solicitors, Peddlers and Transient Merchants License. A separate form must be submitted for each individual applying to conduct solicitor, peddler, and transient merchant business within the City of Madison Lake. All the information listed below is required to be submitted with the official application form. Failure to provide all information required or requested by the city may be cause to deny the application.

PLEASE PROVIDE ALL INFORMATION

NAME: _____
(Full legal name and any other name used or known by in the past)

ALL NAMES UNDER WHICH THE APPLICANT CONDUCTS BUSINESS OR TO WHICH APPLICANT OFFICIALLY ANSWERS: _____

PHYSICAL DESCRIPTION OF APPLICANT;
HAIR COLOR: _____ **EYE COLOR:** _____
HEIGHT: _____ **WEIGHT:** _____ **DISTINGUISHING MARKS & FEATURES:** _____

ADDRESS: _____
(Full address of applicant's permanent address)

PHONE NUMBER: _____
(Telephone number of applicant's permanent address)

FULL LEGAL NAME OF ANY & ALL BUSINESS OPERATION(S) OWNED, MANAGED, OR OPERATED BY APPLICANT, OR FOR WHICH THE APPLICANT IS AN EMPLOYEE OR AGENT:

FULL ADDRESS OF APPLICANT'S REGULAR PLACE OF BUSINESS (IF ANY): _____

ANY AND ALL BUSINESS-RELATED TELEPHONE NUMBER(S) OF THE APPLICANT: _____

TYPE OF BUSINESS FOR WHICH THE APPLICANT IS APPLYING FOR A LICENSE: _____

THE DATES DURING WHICH THE APPLICANT INTENDS TO CONDUCT BUSINESS AND THE NUMBER OF DAYS HE OR SHE WILL BE CONDUCTING BUSINESS IN THE CITY;
FROM: _____ **TO:** _____

ANY AND ALL ADDRESS(ES) AND TELEPHONE NUMBER(S) WHERE THE APPLICANT CAN BE REACHED WHILE CONDUCTING BUSINESS WITHIN THE CITY, INCLUDING THE LOCATION WHERE A TRANSIENT MERCHANT INTENDS TO SET UP BUSINESS: _____

- A LIST OF THE FIVE (5) MOST RECENT LOCATIONS WHERE THE APPLICANT HAS CONDUCTED BUSINESS AS A PEDDLER OR TRANSIENT MERCHANT:**
1. _____
 2. _____
 3. _____
 4. _____
 5. _____

A GENERAL DESCRIPTION OF THE ITEMS TO BE SOLD OR SERVICES TO BE PROVIDED: _____

SOURCE OF ITEMS SOLD AND THE ITEM'S LOCATION AT THE TIME OF LICENSING AND TIME OR SALE: _____

LICENSE PLATE AND STATE REGISTRATION INFORMATION FOR ANY VEHICLE TO BE USED IN CONJUNCTION WITH THE LICENSED BUSINESS AND A DESCRIPTION OF THE VEHICLE:

APPLICANT'S DRIVER'S LICENSE STATE AND NUMBER OR OTHER ACCEPTABLE FORM OF IDENTIFICATION: _____

APPLICANT'S INSURANCE POLICY NUMBER AND AGENCY: _____

PROVIDE A RECENT PASSPORT STYLE PHOTOGRAPH OF APPLICANT SEPARATELY.

STATE BUSINESS IDENTIFICATION NUMBER: _____

I, THE UNDERSIGNED, HEREBY APPLY FOR THE CONSIDERATIONS DESCRIBED ABOVE AND DECLARE THAT THE INFORMATION AND MATERIALS SUBMITTED IN SUPPORT OF THIS APPLICATION ARE IN COMPLIANCE WITH ADOPTED CITY POLICY AND ORDINANCE REQUIREMENTS AND ARE COMPLETE TO THE BEST OF MY KNOWLEDGE.

I, THE UNDERSIGNED APPLICANT, HEREBY STATE THAT I HAVE NOT BEEN CONVICTED WITHIN THE LAST FIVE (5) YEARS OF ANY FELONY, GROSS MISDEMEANOR, OR MISDEMEANOR FOR VIOLATION OF ANY STATE OR FEDERAL STATUTE OR ANY LOCAL ORDINANCE, OTHER THAN TRAFFIC OFFENSES.

APPLICANT SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

FEE PAID: _____

DATE: _____

STAFF: _____

STATUS: _____