

Peddler, Solicitor, Transient Merchant

CITY OF WEST ST. PAUL

1616 Humboldt Avenue
West St. Paul, MN 55118
(651) 552-4100 • (651) 552-4222 (TDD)

GENERAL APPLICATION FOR LICENSE

“Peddler” means a person who has no fixed place of business but goes from door-to-door, carries the goods or tools with which to perform services being offered for sale, and sells and delivers the goods or services immediately upon sale.

“Solicitor” means a person who goes from door-to-door and takes orders for sales of goods or services to be delivered at a future date.

“Transient Merchant” means a person who has a place where business is conducted from a building, structure, covering, tent, table, pavilion, vehicle or lot, carries the goods being offered for sale and sells and delivers the goods immediately upon sale.

Type of Application

Peddler

Solicitor

Transient Merchant

Applicant's Full Name _____

Applicant's Date of Birth _____

Applicant's Address (Home) _____

Applicant's Phone Home: _____
Work: _____
Cell: _____

Applicant's Driver's License Number _____
State of Issue _____

License Plate of Vehicle Used for Business _____

If employed:
Employer Name _____
Employer Address _____

Employer Contact Info:
Name of Supervisor _____
Phone _____

(Must attach a letter or written statement from the employer certifying that the applicant is authorized to act as the employer's representative)

For Transient Merchants ONLY:

Hours of operation: _____

Minn. sales tax permit # _____
Description of product _____
or service _____

For Solicitors:
Is product from MN _____
(Solicitors engaged in Interstate Commerce must provide appropriate documentation to claim exemption from licensing requirement and complete a Certificate of Registration application)

Activity is:

Door to Door From fixed location

If from fixed location, specify address: _____
(Must attach a written acknowledgment from property owner and site map)

List all criminal convictions or ordinance violations related to the proposed business activity:

Offense	Date	City, State
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all cities or townships in Minnesota in which you have worked in the last 2 years or are currently working in the same or similar capacity regarding the proposed business activity:

City	Dates
_____	_____
_____	_____
_____	_____

Have you been permanently or temporary enjoined, barred or prevented from engaging or continuing any conduct or practice involving the business activity in those cities? _____
If so, in which cities? _____

Each individual requesting a license within the City must undergo a background investigation, provide a \$3,000 bond or letter of credit and obtain a photo ID card from the City.

License Fee	\$ 90.00
Background Investigation Fee	\$ 135.00
Photo ID Badge	\$ 13.00
TOTAL	\$ 238.00

I hereby certify that the above information is true to the best of my knowledge and make this application pursuant to all the laws of the State of Minnesota and the City of West St. Paul and hereby submit and agree to the background investigation to be performed by the City of West St. Paul for purposes of determining my qualifications for this business license.

Applicant Signature:

Date:

License is not valid until this application and all supporting documentation has been approved by the City Council and is subject to the terms and conditions of the laws of the State of Minnesota and the ordinances of the City of West St. Paul.

Staff Use Only:

1. Date App. Rec'd: _____
Payment Due: _____
Payment Rec'd: Check Number _____ Credit Card _____ Cash _____

2. Rules Given _____
3. Copy DL to form _____
4. Submitted to Planner on _____

5. Verify that Application Contains:
Bond or LOC _____
Auth. from employer _____

If product is sold from a fixed location:

Property Owner Ack. _____
Site Map _____

COMPLETED BY PLANNER

A. No action req'd:	_____
B. Location approved	_____
C. CUP Required	_____
D. CUP Approved	_____ (attach hereto)

6. CONFIRM ALL INFORMATION ABOVE IS COMPLETE BEFORE APPROVING APP.

7. Date App. Approved _____
Initials of City Clerk _____

8. Submitted to PD for Background Check on: _____

9. BACKGROUND CHECK PASS: _____ FAIL: _____ (init. by Police Chief)

10. Next available Council meeting to consider approval: _____

11. Date notice sent to applicant regarding Council meeting: _____

12. DATE OF COUNCIL APPROVAL: _____
DATE LICENSE EXPIRES: _____

The term of the license begins on the date it is approved by Council and terminates on the first of the following: a.) 180 days thereafter; b.) on the expiration date stated on the application; or c.) December 31 of the year it was approved.

13. Date Signed License was submitted to PD who will issue the License upon applicant obtaining Photo ID. _____

Copy of DL or State ID