

## APPLICATION FOR PEDDLER LICENSE OR SOLICITOR LICENSE

**Peddler** means 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 movement, for the purpose of offering for sale, displaying for exposing for sale, selling or attempting to sell, and delivering immediately upon sale, the goods, wares, products, merchandise, or other personnel property that the person is carrying or otherwise transporting. For purpose of this ordinance, the term peddler shall have the same common meaning as the term hawker.

**Solicitor** means 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 movement, for the purpose of obtaining or attempting to obtain orders for goods, wares, products, merchandise, other personal property, or services of which he or she may be carrying or transporting samples, or that may be described in a catalog or by other means, and for which delivery or performance shall occur at a later time. The absence of samples or catalogs shall not remove a person from the scope of this provision if the actual purpose of the person's activity is to obtain or attempt to obtain orders as discussed above. For purposes of this ordinance, the term solicitor shall have the same meaning as the term canvasser.

<b>Applicant Name</b> (First, Middle, Last)	
<b>Date of Birth</b>	
<b>Home Address</b>	
<b>Phone</b>	
<b>SSN: (Peddler's Only)</b>	
<b>Business Name:</b>	
<b>Business Address</b>	
<b>Type of Business:</b>	
<b>MN Tax ID Number</b>	
<b>Email Address</b>	

### LIST ANY AND ALL NAMES UNDER WHICH THE APPLICANT HAS OR DOES CONDUCT BUSINESS


### PHYSICAL DESCRIPTION OF APPLICANT

HAIR COLOR	
EYE COLOR	
HEIGHT	

WEIGHT	
DISTINGUISHING MARKS OR FEATURES (EX. TATOOS)	

LIST BELOW THE NAMES AND ADDRESSES OF ALL PERSONS ASSOCIATED WITH YOUR BUSINESS:  
(Use additional paper if needed)

NAME	ADDRESS

LIST OF VEHICLES USED - INCLUDING: LICENSE NUMBER, MAKE, MODEL, YEAR

MAKE	MODEL	YEAR	LICENSE

LOCATION WHERE BUSINESS IS TAKING PLACE:

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<b>LICENSE PERIOD</b>	<b>From:</b>	<b>To:</b>
<b>HOURS OF OPERATION</b>	<b>From:</b>	<b>To:</b>

DESCRIPTION OF MERCHANDISE TO BE SOLD:

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HAVE YOU BEEN CONVICTED IN THE LAST 5 YEARS OF ANY FELONY, GROSS MISDEMEANOR OR MISDEMEANOR FOR VIOLATING ANY STATE OR FEDERAL STATUTE OR ANY LOCAL ORDINANCE, OTHER THAN MINOR TRAFFIC OFFENSES?                      YES                      NO

License Fees for Peddler License and Solicitor License	
<b>\$50.00</b>	Application Fee (Initial Investigation)
<b>Plus whichever is applicable:</b>	
<b>\$50.00</b>	PER WEEK
<b>\$150.00</b>	PER MONTH
<b>\$300.00</b>	PER 60 DAYS
<b>Total Fee:</b>	

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

FOR OFFICE USE ONLY

BUILDING APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

ZONING APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATIVE APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

FIRE DEPT. APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE APPROVED: \_\_\_\_\_

LICENSE NO.: \_\_\_\_\_ RECEIPT NO.: \_\_\_\_\_

SPECIAL CONDITIONS: \_\_\_\_\_

# INDEMNIFICATION AGREEMENT

## THIS DOCUMENT IS REQUIRED

TO: City of St. Francis  
23340 Cree Street NW  
St. Francis, MN 55070

The following agreement must be signed and notarized by the owner, authorized partner, or authorized officer(s) of the company. If a partner or officer signs, it must be accompanied by the written authorization of the partnership of the corporation, (such as a corporate resolution or written approval of all partners).

In consideration for the grant of this license by the City of St. Francis, the undersigned licensee agrees as follows:

- 1. OBSERVANCE OF LICENSE AND ALL LAWS.** The undersigned shall faithfully observe, keep and obey all terms and conditions of the license or permit, and all laws, rules and ordinances of the City of St. Francis relating to the license or permit, now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules and regulations of any other governmental entity including county, state and federal regulations which may apply to the license or permit.
- 2. VIOLATION.** Upon the violation of any of the terms and conditions of the license or permit, or any other law, regulation or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license or permit.
- 3. INDEMNIFICATION.** The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, loss damage or cost and expense arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. This agreement to indemnify and hold the City harmless shall include any costs incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

IN WITNESS WHEREOF, the undersigned has executed this License Agreement as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Name of Licensee (business)

By \_\_\_\_\_  
Officer of Corporation or Partner/Owner

STATE OF MINNESOTA )  
COUNTY OF \_\_\_\_\_) ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_ by \_\_\_\_\_ the \_\_\_\_\_  
of \_\_\_\_\_ on behalf of said \_\_\_\_\_

\_\_\_\_\_  
Notary Public

### PRIOR RESIDENCES OF APPLICANT FOR PAST FIVE YEARS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

*PLEASE NOTE:* If the above is left blank, there will be a \$1.00 assessment which will be credited toward the license fee if granted.

**CITY OF ST. FRANCIS**  
**AUTHORIZATION FORM FOR**  
**DEPT OF MOTOR VEHICLE &**  
**BUREAU OF CRIMINAL APPREHENSION**

The City of St. Francis verifies information received on convictions/moving violations for which a jail sentence could have been imposed. This is done to identify problems that may compromise the safety of employees, residents or individuals/groups that partner with the City.

Information will be obtained through the Department of Motor Vehicles and the Bureau of Criminal Apprehension. Only criminal convictions, which relate directly to the position for which you are being considered, and for which a jail sentence could have been imposed, will be used in determining employment eligibility.

Only those employees or City representatives directly involved in the selection process will have access to this data.

Before an applicant is rejected on the basis of a criminal conviction, he/she will be notified in writing and will be notified of any right to process complaints and grievances as afforded by Minnesota Statute Chapter 364.

I, \_\_\_\_\_, authorize the City of St. Francis to verify information on convictions/moving violations for which a jail sentence could have been imposed. Further, I understand that a criminal background check and driver's license check will be run only if I have been selected as a finalist. I agree to the dissemination of information as stated above. Authorization for obtaining this information expires one year from the date this consent form is signed.

Print Full Name \_\_\_\_\_  
(first) (middle) (last)

Print Full Address \_\_\_\_\_  
\_\_\_\_\_

If you have not lived in Minnesota for past five years, please list previous addresses for the past 10 years on a separate sheet of paper.

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ DOB \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Bureau of Criminal Apprehension requires that this authorization form be notarized to ensure the validity of the signature.

Notary \_\_\_\_\_ Stamp \_\_\_\_\_ Date \_\_\_\_\_

The Police Dept Recommends: \_\_\_ Approval \_\_\_ Denial for the \_\_\_\_\_ position.

Comments:

Signature \_\_\_\_\_ Date \_\_\_\_\_