

			CHANT LICENSE
		PRIVATE	
npty store front for the purp	ose of exposing or displaying	g for sale, selling or attemptir	e, trailer, boxcar, tent, other portable shelter, on the sell, and delivering goods, wares, produc for more than ninety (90) consecutive days.
Applicant Name First, Middle, Last)			
lome Address			
Phone			
Business Name:			
Business Address:			
ype of Business:			
/IN Tax ID lumber			
mail Address			
ST OF VEHICLES USED -	INCLUDING: LICENSE NU	MBER, MAKE, MODEL, YE	EAR
1AKE	MODEL	YEAR	LICENSE
MAKE	MODEL	YEAR	LICENSE

Phone: 763.753.2630

LICENSE PERIOD	From:	То:
HOURS OF OPERATION	From:	То:
DESCRIPTION OF MERCHAND	ISE TO BE SOLD	:
		od Truck – NO FEE
License Fees for Ped	dler/Solicitors	
\$50.00	This license is va	alid for seven calendar days
\$150.00	This license is va	alid for 30 days
\$300.00	This license is v	alid for 30 days
PLEASE SUB Applicant Signature:		ATE OF INSURANCE WITH YOUR APPLICATION Date:
DATA PRACTICES ADVISOR license. This data is not legall granted, the data will constitu- identify this application in City	RY: The data supp y required but the te a public record. v license files, to ve	lied in this application will be used to assess the qualifications for a City will not be able to grant the license without it. If a license is The data is needed to distinguish this application from others, to erify the identity of the applicant, to contact the applicant if the applicant meets all ordinance requirements.
	<u>FO</u>	R OFFICE USE ONLY
BUILDING APPR	OVAL	DATE:
ZONING APPRO	VAL	DATE:
ADMINISTRATIV	E APPROVAL	DATE:

FIRE DEPT. APPROVAL	DATE:		
APPROVED BY:	DATE APPROVED:		
LICENSE NO.:	RECEIPT NO.:		
SPECIAL CONDITIONS:			

INDEMNIFICATION AGREEMENT THIS DOCUMENT IS REQUIRED IF YOU DO NOT HAVE PROOF OF INSURANCE

TO: City of St. Francis 3750 Bridge 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.

Name of Licensee (business)	By Officer of Corporation or Partner/Owner
,	
STATE OF MINNESOTA)	
COUNTY OF) ss.	
The foregoing instrument was acknowledged be	efore me thisday of
20by	the
of	on behalf of said
	Notary Public
ESIDENCES OF APPLICANT FOR PAS	T FIVE YEARS:

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.

Phone: 763.753.2630

Fax: 763.753.9881

Business License Tax Identification

Under Minnesota Law (M.S. 270C.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, we must advise you:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, 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.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print clearly

Sole Proprietors Only	Partnerships, LLCs, Corporations, etc.
#1 Owner Name	Business Name
#1 Owner Social Security Number	Minnesota Tax ID Number
#2 Owner Name	Federal Tax ID Number
#2 Owner Social Security Number	
#3 Owner Name	If a Minnesota Tax ID Number is not required, please explain:
#3 Owner Social Security Number	
Business Address:	

MINNESOTA STATUTE

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

Signature:	Date:	
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