

# ***Group Transient Merchant License Applicants***

Notice to all License Applicants:

Attached is:

- The North Branch City Code on Peddlers, Solicitors and Transient Merchants.
- Transient Merchant License Application

There are two group license options:

30-day license. The license fee is \$260 or

3-day license. The license fee is \$130.

The North Branch Police Department will conduct a background investigation on all participants. A background authorization form must be completed by each participant.

***License applications must be approved by the North Branch City Council before you can begin going door-to-door. You must be in possession of the approved licensed signed by the City prior to going door-to-door. G***

# CITY OF NORTH BRANCH

## Application for Transient Merchant License Group Sale

### SECTION 1 - INFORMATION ON SPONSOR, PROMOTER OR ORGANIZER

APPLICANT'S FULL LEGAL NAME (LAST, FIRST, MIDDLE)

APPLICANT'S ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)

APPLICANT'S PHONE NUMBER

APPLICANT'S DRIVER'S LICENSE NUMBER

APPLICANT'S DATE OF BIRTH

APPLICANT'S SOCIAL SECURITY NUMBER

HAS APPLICANT EVER BEEN CONVICTED OF A VIOLATION OF ANY FEDERAL STATE OR CITY ORDINANCES OR LAWS? \_\_\_\_\_ YES  
 \_\_\_\_\_ NO  
 IF SO LIST NATURE OF VIOLATION, DATE OF CONVICTION, AND NAME OF JURISDICTION INVOLVED.

### SECTION 2 - INFORMATION ON COMPANY

COMPANY NAME (PERSON, FIRM, ASSOCIATION OR CORPORATION WHOSE MERCHANDISE IS BEING SOLD)

COMPANY ADDRESS (STREET ADDRESS, CITY, STATE, ZIP) A PO BOX NUMBER IS NOT AN ACCEPTABLE ADDRESS

COMPANY PHONE NUMBER

MINNESOTA ID NUMBER

FEDERAL ID NUMBER

### SECTION 3 - INFORMATION ON GOODS TO BE OFFERED

DESCRIPTION OF GOODS, WARES, MERCHANDISE, OR SERVICES BEING OFFERED BY TRANSIENT MERCHANTS

DATES GOODS ARE BEING OFFERED

AREA WHERE GOODS ARE BEING OFFERED

### SECTION 4 - INFORMATION ON TRANSIENT MERCHANTS

NAME AND ADDRESS OF ALL TRANSIENT MERCHANTS PARTICIPATING IN GROUP SALE. ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED **\*\*NOTE BACKGROUND CONSENT FORM MUST BE COMPLETED BY EACH TRANSIENT MERCHANT.\*\***

I certify that the information given herein is true and complete to the best of my knowledge. I authorize the City of North Branch to do a criminal background investigation as may be necessary in issuance of a Transient Merchant License.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

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**FOR OFFICE USE ONLY**

BACKGROUND CHECK COMPLETED BY \_\_\_\_\_

DATE OF INVESTIGATION \_\_\_\_\_

RECOMMEND  APPROVAL OR  DENIAL

APPROVED OR  DENIED BY CITY COUNCIL

DATE OF COUNCIL ACTION \_\_\_\_\_

**LICENSE APPLICANT:**

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue upon their request. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED: \_\_\_\_\_

LICENSING AUTHORITY: City of North Branch, Chisago County, Minnesota

LICENSE RENEWAL DATE: \_\_\_\_\_

**PERSONAL INFORMATION** (If applicable):

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_  
City State Zip

Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION** (If applicable):

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
City State Zip

MINNESOTA TAX IDENTIFICATION NO: \_\_\_\_\_

FEDERAL TAX IDENTIFICATION NO: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date



## CONSENT FOR THE RELEASE OF INFORMATION FOR TRANSIENT MERCHANT APPLICATIONS

The individual(s) signing below authorizes the release of information to the City of North Branch the following information for the purpose of doing a background check on the applicant for Transient Merchant Licenses.

The individual(s) signing below understands that their records under state and federal privacy regulations are private and cannot be disclosed without my written consent unless otherwise provided by law.

The individual(s) signing below may cancel this consent at any time prior to the information being released and that in any event this consent form expires ninety days after signing.

\_\_\_\_\_  
FULL NAME(PRINTED)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE (authorizing release)

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
FULL NAME (PRINTED)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SIGNATURE (authorizing release)

\_\_\_\_\_  
DRIVERS LICENSE NUMBER

\_\_\_\_\_  
DATE SIGNED

2015 License Renewal