



LICENSE APPLICATION

Mobile Food Unit
Daily \$50.00

Peddler Daily \$25.00
(Maximum of \$200.00 Year)

Transient Merchant \$100/Week

Solicitor No Fee

Dates to conduct business: _____

Applicant Information

Applicant's Name (First, Middle, Last) _____

Applicant's Home Phone Number _____

Applicant's Address _____

Applicant's Cell Phone Number _____

City State Zip _____

Applicant's Email Address _____

Drivers Licenses No. (Must provide copy of license): _____

List any and all other names under which the applicant has or does conduct business, or to which the applicant will officially answer to: _____

Physical description of the applicant:

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Distinguishing Marks & Features: _____

Location where applicant will conduct business in the City: _____

Full legal name of any and all business operations owned, managed, or operated by applicant, or for which the applicant is an employee or agent: _____

List any and all addresses and telephone numbers where the applicant can be reached while conducting business within the City, including the location where a transient merchant intends to set up his or her business: _____

State whether or not applicant has ever been convicted within the last 5 years of any felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding traffic violations and if so, the date and place of conviction and nature of the offense:

Date	Place of Conviction	Nature of Offense
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you required to register as a sex offender: Yes No

Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City

State

Zip

Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created: _____

Registered with MN Secretary of State: Yes No

Sole Proprietorship

- Certificate of Assumed Name (if any)

Partnerships (all Types)

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation**

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

Limited Liability

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation**

Limited Liability Company

Corporations (all Types)

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

Trusts

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

** Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

The failure to provide the above requested information will result in your application being rejected as incomplete.

Send Future Renewals To: _____

Nature of business and types of goods to be sold: _____

List 3 most recent locations where the applicant has conducted business as a peddler:

Cities: _____ Dates: _____

Written permission of the property owner or the property owner's agent for any location to be used by a transient merchant must be provided: Yes No N/A Reason: _____

Vehicle Information

License Plate Number: _____

Vehicle Identification Number (VIN): _____

Registration Information: _____

Physical description of Vehicle: _____

Affidavit by Responsible Party

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Crookston criminal ordinances.

Responsible Party Signature

Date

Office Use Only: Fees payable to the City of Crookston

_____ Application Fee

Payment: Cash Check # _____

Payment Date: _____ Received By: _____

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.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. 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.

Name of Applicant _____

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Social Security # (if MN & Federal Tax ID are not provided)* _____

If a Minnesota Tax Identification Number is not required, please explain below.

Signed by _____ Date _____

Print Name of Person Signing: _____

***2008 Minnesota Statutes
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.

History: 2005 c 151 art 1 s 87

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

TENNESSEN WARNING

(General)

- 1.) Background: The Minnesota Government Data Practices Act required the City of Crookston to inform you of your rights relating to private or confidential data collected from you. Private data is information collected by the City which is available to you, but not to the public. Confidential data is information collected by the City which is not available to you or the public. Most of the personal information we collect from you is private.
- 2.) Need for information: The information we collect or have collected from you or from other sources authorized by you is needed for one or more of the following purposes:
 - a. To distinguish you from all other applicants and identify you in our personnel files.
 - b. To enable us to verify that you are the individual who makes the application.
 - c. To enable us to contact you when additional information is required, send you notices and/or schedule you for interviews.
 - d. To determine if you meet the minimum age requirements if any.
 - e. To conduct proper investigations if you are applying for a position.
 - f. To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for.
 - g. To enable us to ensure your rights to equal opportunities.
 - h. To meet federal and state reporting requirements and to make processing more efficient.
 - i. To do anything else which may be determined to be necessary for proper personnel administration in the City.
- 3.) Refusal: You have the right to refuse to supply information we request. However, without all of the information requested, we may be unable to provide a particular service or to fulfill the requirements of a program.
- 4.) Access to data: Private or confidential information we collect on you may be shared, as a matter of program or service necessity with other agencies or individuals. Private or confidential data we collect on you will be available to persons in the City offices who have a bona fide need for the information. Private or confidential information we collect on you will not be given to another agency or individual without your written consent unless specifically authorized by state or federal law or under valid court order. Unless otherwise authorized by law, government agencies with whom we share private or confidential information must also treat the information they receive as private or confidential. You, as the subject of collected private data, unless otherwise specified by law or court order, may view the private information we have concerning you and may make written comments about the accuracy of the private information. Copies of private information we have concerning you may be made, for a reasonable fee, upon your request.
- 5.) Retention: All information on you will be kept until federal, state or city retention requirements have been met, at which time the information will be destroyed.

I have been informed of and understand my rights as a subject of data;

Signature

Date

Crookston Police Department

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

CRIMINAL HISTORY CONSENT FORM

I hereby authorize the Crookston Police Department to conduct/receive any federal or local criminal history record information pertaining to me which may be located in files from any federal, state or local criminal justice agency.

Print **Complete** Full Name (Last, First, Middle)

Maiden Name (if applicable) or Other Names You Have Used

Address

Sex

Date of Birth

Social Security #

Driver's License #

Signature

Signature of Parent or Legal Guardian

Date

(Office use only)

Criminal History Background Reason:

- Employment with the City of Crookston (Department) _____
- Occasional Unescorted Access within the Crookston Police Department
- (Other) _____

Officer Requesting _____

Records Clerk _____

Crookston Police Department

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

AUTHORIZATION TO RELEASE INFORMATION

I hereby expressly authorize you to release to the City of Crookston, the Crookston Police Department, or any agent acting on its behalf, any juvenile and/or adult and all information which you may have concerning me, including my personal history and records, physical and medical history and records, personnel and employment history and records, background investigation reports and records, and all other information of every kind of a public, private, confidential or privileged kind.

This authorization specifically includes records prepared prior to the date of this authorization and records prepared after the date of this authorization.

I hereby release the City of Crookston, the Crookston Police Department, and any organization, company or person, furnishing information to that agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

This authorization shall be valid for a period of one year from the date below. I understand that I reserve the right to, at any time prior to the expiration, revoke this authorization in writing at any time.

A photocopy of this authorization will be treated in the same manner as an original. This release form authorizes conversations by the bearer of this authorization with representatives of agencies and individuals to which the release has been prepared.

DATE: _____

SIGNATURE: _____

PRINT FULL NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SSN: _____