

14) Method of delivery if peddler, or location of sales site and permission slip from property owner if transient merchant:

15) Other communities where licenses are or have been held: _____

16) List below any felonies or gross misdemeanors or any crimes of theft or issuance of a worthless check of which you were convicted of within the ten (10) most recent years and the nature of the crime or crimes of which you were convicted:

17) Have you taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? _____. If yes, explain: _____

18) List below **FULL** names, dates of birth, and driver's license numbers and State of Issue of all employees other than the above applicant who will be selling these goods in the City of Ramsey:

19) Do you reside in Ramsey and have your home as a base for your business? Yes:_____ No:_____

If yes, what is the present zoning of the property? _____

If you reside within the city limits of Ramsey and your principal place of business is at your home, you may be subject to certain zoning regulations and you may have to apply for a conditional use permit.

20) Please list other cities you have conducted business in: _____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

Applicant's Signature: _____

Date: _____

This license will take effect as early as January 1, 2019 and will expire on or before December 31, 2019. Transient Merchants are permitted for a maximum of 60 days in a calendar year. The license fee of \$100.00 must be paid at the time of application.

DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY

Received on _____

Receipt # _____

Approved on _____

Zoning Approval _____

Comments:

Form SP:CI

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. 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: Peddler/Solicitor/Transient Merchant License

Licensing Authority: City of Ramsey
(Name of City, County, or State Agency issuing License)

License Renewal Date: January 1, 2020

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

CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

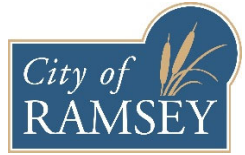
1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name



CITY OF RAMSEY
REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form 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.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Please Print – All Fields Must Be Completed (Enter “N/A” if not applicable)

Type of License Applied For: Peddler / Solicitor / Transient Merchant

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Applicant Signature _____
Date

FOR OFFICE USE ONLY

Checks: **Criminal History** **Local Police Records**

Comments: _____

Application Processed by: _____ **Date:** _____