

CITY OF RAMSEY
2022 APPLICATION FOR
PEDDLER / SOLICITORS LICENSE

License application review and approval process may take up to 30 days. Business licenses and/or ID badges are issued upon approval by City Council. These forms are required for the Minnesota Department of Revenue and Department of Labor and Industry per Minnesota Statute Sections 270.72 and 176.182. Refer to City Code Chapter 26-586 for ordinance details. Please fill out all fields COMPLETELY. Incomplete applications will not be accepted. Licenses are good for the current calendar year and must be renewed annually.

Enclose with this application:

- \$135 = License fee of \$100 (per person) + Background check fee \$35 (per person)
Completed and signed "Request for Background Check Information" form
Color copy of driver's license or ID
Certificate of workers' compensation insurance
Transient Merchants need to include documented permission from property owner.
Copy of Anoka County food license or MN Department of Agriculture (food vendors only)

1) FULL Name of Business:

2) Employer's FULL Name: Last First Middle Name

3) Business Address: Street, Box, Route City State ZIP

4) Business Phone Number(s):

5) Applicant's FULL Name: Last Name First Name Middle Name

6) Applicant's Phone Number: Email Address:

7) Applicant's Date of Birth:

8) Applicant's Place of Birth:

9) Applicant's Address: Street/Box/Route City State ZIP

10) Applicant's Position With Company:

11) Brief description or nature of business and goods to be sold:

12) Period of time in which activities will be conducted (only allowed 9am-9pm):

13) Peddler/Solicitor: List source of supply of goods or property proposed to be sold & method of delivery:

14) Please list other cities you have held licenses or conducted business in:

15) Has applicant been convicted of a crime (other than a traffic violation) within the last ten (10) years? ____ Yes ____ No

If Yes, list offenses with dates and locations:

16) Has applicant filed bankruptcy or taken advantage of insolvency law within the last ten (10) years? ____ Yes ____ No

If yes, explain: _____

17) 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:

18) 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.

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.

Solicitation is NOT ALLOWED until approved by City Council and ID badges are issued and may risk up to \$250 fine and/or immediate denial of future applications.

Applicant’s Signature: _____

Date: _____

This license will expire on December 31, 2022

Return completed application and requested information along with the fee to:

***City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303***

Make check or money order payable to “City of Ramsey”. VISA, MasterCard, Discover accepted.

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.*

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

Licensing Authority: City of Ramsey

License Renewal Date: 1/1/2023

1. PERSONAL INFORMATION *(if applicable):*

Applicant's Name: _____

Applicant's Address: _____

City	State	ZIP
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2. BUSINESS INFORMATION *(Local store information):*

Business Name: _____

Business Address: _____

City	State	ZIP
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Local Store Contact: _____

Name (Owner/Manager)	Phone No.
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Minnesota Tax Identification No.: _____
(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION *(if applicable)*

Corporation Name: _____

Corporation Address: _____

City	State	ZIP
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Corporation Contact: _____

Name	Phone No.
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Signature	Position (Officer, Partner, etc.)	Date
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**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

2. I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: (_____) _____

Signature: _____ 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:

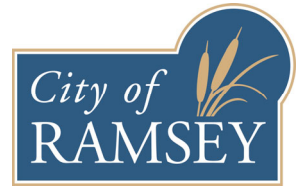
1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 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 legibly – All Fields **MUST** Be Completed (Enter "N/A" if not applicable)*

Type of License Applied For:

Peddler/Solicitor Transient Merchant Massage Therapist Massage Est Tobacco Other: _____

Business Name: _____

Business Address: _____

Applicant Information:

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

Full Name: _____ Date of Birth: _____
First Middle Last

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

Local Address: _____ MN
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: MN Criminal History Local Police Records

Comments: _____

Background Check Processed by: _____ Date: _____