



License Fee \$ _____

**APPLICATION FOR
GROUP TRANSIENT MERCHANT PERMIT**

1. Name of applicant: _____
(first) (middle) (last) (maiden)
2. Other names under which the applicant conducts business or to which applicant officially answers: _____
3. A physical description of the applicant (hair color, eye color, height, weight, distinguishing marks and features): _____

4. Full address of applicant's permanent address: _____

5. Type of business for which the applicant is applying: _____

6. The dates during which the applicant intends to conduct business in the City (maximum 14 consecutive days): _____

7. Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the City: _____

8. Name and phone number of contact person or persons other than applicant: _____

9. Location where transient merchant intends to set up business (attach written permission of the property owner or the property owner's agent for any property to be used by a transient merchant): _____

10. A general description of the items to be sold or services to be provided: _____

NOTE: FOOD VENDORS MUST SUPPLY A COPY OF FOOD LICENSE FROM THE MINNESOTA DEPARTMENT OF HEALTH (320) 223-7300.

I, the above applicant, state that I have not been convicted of any felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance other than traffic offenses within the last five years. I also state that the information provided in this application is true.

Signature of Applicant

Date

FOR OFFICE USE

Date of application: _____

Date license was issued: _____

Notes regarding application and license procedures: _____