



Application for Peddler, Solicitor or Transient Merchant License

Please print or type all information.

The undersigned hereby makes application for the license(s) indicated below for the period ending December 31 of the year printed at right above.

License Type _____ Fee _____

Licensee Name First _____ Middle _____ Last _____

1. Business Information

Business Name _____

Business Street Address _____

City _____ State _____ Zip Code _____

Description of Business. *Be specific. If this is a TRANSIENT MERCHANT LICENSE, please indicate the date(s) and location of the sale(s).*

(The above information, along with a photograph, shall serve as the permit.)

2. Personal Information

Licensee Home Address _____

City _____ State _____ Zip Code _____

Business Telephone Number _____ Home Telephone Number _____

Date of Birth _____

List other area cities where you recently conducted business.

If this application is for a PEDDLER or SOLICITOR license, you must fill out the following information.

Driver's License # _____ State _____

Height _____ Weight _____ Color of Eyes _____ Color of Hair _____



3. Workers' Compensation Information

Workers' Compensation Insurance Number _____

Insurance Company Name (*not Insurance Agency*) _____

Dates of Coverage _____

- OR -

I am not required to have worker's compensation liability coverage because:

- I have no employees covered by the law.
- Other (specify):

4. Business Tax ID Number and Applicant Social Security Number

Pursuant to Minnesota Statute 270.72, Subd. 4, the City of Hopkins 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 City of Hopkins 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 license application.

Minnesota Business Identification Number _____

Federal Social Security Number _____

If a Minnesota Tax ID number is not required, please explain.

5. Conviction Information

During the past five years have you been convicted of any crime, misdemeanor, or violation of any municipal ordinance other than traffic violations?

- No
- Yes (*If yes, please explain on a separate sheet of paper.*)



6. Tennessee Warning and Applicant's Statement

As an applicant for a City of Hopkins permit, I have voluntarily supplied data about myself which may be public and/or private in nature. I understand that, as part of the permit process, I am requested to supply this information. I understand that failure to provide accurate and adequate data may cause my application to be rejected.

I further understand that this information will be used by the City of Hopkins in order to conduct a police background investigation.

Finally, I understand that the data which I have provided may be shared in whole, or in part, by other agencies, by other private and public entities, and by other persons, for the purpose of conducting the background investigation.

I therefore release the City of Hopkins, and any of its agents or employees, from any and all liability or claims for damage which I may experience as a direct or indirect result of the intended use of this information.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation, or the omission of facts called for, will be just cause for denying me this permit.

I have read and understand my rights and obligations with regards to business licenses, permits, and workers' compensation coverage, and I certify that the information provided is true and correct.

X Signature _____ **Date** _____

For Office Use Only

Approved by Police Department

Date Approved _____

Signature _____

Disapproved by the Police Department

Reasons _____

Date _____

Signature _____

