

704 Broadway, Alexandria, MN 56308  
320.763.6678 | 320.763.3511 (fax) | [www.AlexandriaMN.city](http://www.AlexandriaMN.city)

New:      Renewal:  
License Fee: \$200

## Transient Merchant (Individual)

*The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.*

### Applicant Information

Legal Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address (where future correspondence should be sent):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Business Information:**    Corporation    Limited Liability Company    Partnership    Other \_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

\_\_\_\_\_  
\_\_\_\_\_

Applicant/Licensee Signature \_\_\_\_\_

Title (if signing on behalf of an organization) \_\_\_\_\_ Date \_\_\_\_\_

\*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at [ariedel@alexandriamn.city](mailto:ariedel@alexandriamn.city). On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

**\*Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

### (FOR OFFICE USE ONLY)

Date Received \_\_\_\_\_ Date of City Council Approval \_\_\_\_\_ License # \_\_\_\_\_

---

**COPY OF DRIVER'S LICENSE IS REQUIRED**

**Application for Transient Merchant License – Under City Code Section 4.35**

In support of my application for license under this Ordinance, I hereby make the following representations:

1. Local Address from which sales will be made: \_\_\_\_\_

2. Vehicle Information: Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate No. \_\_\_\_\_

3. Brief description of the nature of business and goods sold \_\_\_\_\_

\_\_\_\_\_

4. If employed as agent, give name and address of employer \_\_\_\_\_

\_\_\_\_\_

Name of Crew Manager \_\_\_\_\_

Address of Crew Manager \_\_\_\_\_

5. Length of time for which license is requested: From \_\_\_\_\_ To \_\_\_\_\_

6. Source of goods to be sold: \_\_\_\_\_

Proposed method of delivery \_\_\_\_\_ Is cash deposit taken \_\_\_\_\_

7. Names and addresses of two Douglas County property owners who will certify as to applicants good character:

1. \_\_\_\_\_

2. \_\_\_\_\_

If these are not available, furnish other references as to good character and business responsibility:

1. \_\_\_\_\_

2. \_\_\_\_\_

8. Have you ever been convicted of a crime \_\_\_\_\_ Misdemeanor \_\_\_\_\_

Violation of any municipal ordinance other than traffic violation: \_\_\_\_\_

If so, give date, place, and penalty imposed: \_\_\_\_\_

9. List three cities or villages where applicant carried on business immediately preceding the date of this application and list dates:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

10. Have you previously conducted this or similar business in the City of Alexandria?      Yes      No

If so, give date(s): \_\_\_\_\_

11. If license is granted, will you avoid soliciting at residential premises that have been posted?

Yes                  No

12. Do you represent a religious or charitable organization as defined by Subd. 7, in the City Code? If so, give:

a. Name and purpose of cause for which permit is sought \_\_\_\_\_

b. Names and addresses of officers or directors or organization

\_\_\_\_\_  
\_\_\_\_\_

c. Does applicant receive any wages, fees, commissions or other emolument from this solicitation:

Yes                  No      If so, give basis of your remuneration \_\_\_\_\_

I \_\_\_\_\_ (PRINT NAME LEGIBLY) hereby certify that the above information is true and correct and I understand that any false representation may be grounds for refusing this license or for revoking it at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

**CITY OF ALEXANDRIA DEPARTMENTAL APPROVAL:**

**Referred to Chief of Police** Date: \_\_\_\_\_

Recommendation: Granted \_\_\_\_\_ Refused \_\_\_\_\_

Give reason if refused \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chief of Police

---

Horizon Public Health notified: Yes No

---

# General Application For License

## CITY OF ALEXANDRIA

### Section A

#### 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, and 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
---	----------------

Dates of Coverage: _____ to _____
-----------------------------------

#### OR

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

I have no employees

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)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

### Section B

#### Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or 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:

- 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;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
-------------------------------	------------------------

If a Minnesota Tax ID number is not required, please explain:	Social Security Number:
---	-------------------------

### Section C

#### Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:
------------	----------------	-------