City of Alexandria



704 Broadway, Alexandria, MN 56308 320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

LicensingYear: 1/1 to 12/31 20____

New: O Renewal: O

License Fee: \$200

Transient Merchant (Temporary Vendor)

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.

	on			
Legal Name First	Middle	Last		
Primary Phone	Alt. Phone	Email		
Street Address	City		State	Zip
Mailing Address (where future co	orrespondence should be sent):			
Street Address	City		State	Zip
Business Information:	Corporation C Limited Liability C	ompany () Partnei	rship () Oth	er
	,			
	City			
Phone	Email Webs	te		
List all other names under which	you conduct business (legal names, mob	ile food unit signage, p	arent compani	ies DBA, etc
· · · · · · · —				
	ganization)			
Title (if signing on behalf of an or *If you have any questions, pleas		Date or email at <u>ariedel@a</u>	e alexandriamr	
Title (if signing on behalf of an or *If you have any questions, pleas behalf of the City of Alexandria, t *Please make sure all the necess	ganization)se contact Amy Riedel at 320-759-3622	Date or email at <u>ariedel@a</u> returning your applic	e <u>alexandriamr</u> ation.	n.city. On
Title (if signing on behalf of an or *If you have any questions, pleas behalf of the City of Alexandria, t *Please make sure all the necess	ganization) se contact Amy Riedel at 320-759-3622 thank you for your prompt attention in sary documents accompany your licen	Date or email at <u>ariedel@a</u> returning your applic	e <u>alexandriamr</u> ation.	n.city. On
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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: FromTo					
6.	Source of goods to be sold:					
	Proposed method of deliveryIs 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:					

application and list dates:		
1		
2		
3		
10. Have you previously conducted this o	or similar business in the City of Alexand	dria? O Yes O No
11. If license is granted, will you avoid so		
12. Do you represent a religious or charit give:	table organization as defined by Subd. 7	7, in the City Code? If so,
	or which permit is sought	
b. Names and addresses of offic	ers or directors or organization	
	ages, fees, commissions or other emolu	
I	nd I understand that any false represent	EGIBLY) hereby certify that ration may be grounds for
	Signature of Applicant	Date
Subscribed and sworn to before me		
Thisday of, 20	_	
Notary Public	_	
My Commission expires		

9. List three cities or villages where applicant carried on business immediately preceding the date of this

CITY OF ALEXANDRIA DEPARTMENTAL APPROVAL:

Referred to Chief of Police Date: _					
Recommendation: Granted		Refused			
Give reason if refused	if refused				
		Chief of Police			
Horizon Public Health notified:		○ No			

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compilance—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

company, the policy number, and dates of coverage or the permit to se and retained in their files.					
This information is required by law, and licenses and permits to operator is falsely reported. Furthermore, if this information is not provided of the applicant by the Commissioner of the Department of Labor and In	or falsely stated, it may result in a \$2,000 penalty assessed against				
Insurance Company Name (not the agent):	Policy Number:				
Dates of Coverage:					
†	to				
OR					
I am not required to have workers' compensation liability coverage bed	cause:				
I have no employees					
I am self insured (include permit to self-insure)					
I have no employees who are covered by the workers' compensate employees)	tion law (these include spouse, parents, children, and certain farm				
I certify that the information provided above is accurate and complete at all times as required by law.	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 requ Revenue your Minnesota business tax identification number or the soc					
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 tran	sfer 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 of	only to the Minnesota Department of Revenue. However, under the				
Federal Exchange of Information Agreement, the Department of Re	evenue 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					
Tennessen Warning					
Under the Minnesota Government Data Practices Act, some of the da social security number, are private data. You are being asked to prove ligibility for the license for which you are applying. By signing below, Alexandria staff, councilmembers and mayor so that they may process addition, you are being asked to provide this data because the City may be required to share the may choose not to provide some or all of this private data, but withhoostaining the license for which you are applying.	ride this data so that the City of Alexandria may evaluate your you are consenting to allow this data to be shared with City of so and evaluate your application and eligibility for the license. In hay be required to provide it to the Minnesota Commissioner of e data with the state or legislative auditor or upon court order. You				

Signature:	Date of Birth:	Date:

$A C O R D^8$

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DDNYYY)

THIS CERTIFICATE 15 ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the contificate holder is an ADDITIONAL INSURED, the policy/ics) must be endersed. If SURPOGATION IS WAIVED, subject to

the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VUTAI;T NAME: PHUNE I AIC NO, E) E-MAIL ADDRESS:	xt):	-	FAX _ (A/C, No):	:
				INSUF	RER(S) AFFOR	DING COVERAGE	NAIC#
				INSURER A:			
INSURED			INSURER 8:				
			INSURERC	:			
			INSURERD			4 //	
INSURERE:							
COVERAGES CERT	IFICAT	F NIIMBER:	INSURERF:			REVISION NUMBER:	
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
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ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				ľ	E.I. =c;H ACCIDENT	S
(Mandatory in NH)					ľ	E.L. DISEASE - EA EMPLOYEE	\$
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
ESCRIPTION OF OREDATIONS // COATIONS ///TIME TO	· (A++!-	ACORD 404 Additional Remark at 4	Sobodula if	oro onges la :	auirod)		
ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remar1 <s additional="" alexandria="" an="" as="" city="" if="" insured<="" is="" listed="" more="" of="" required)="" schedule,="" space="" td="" the=""></s>							
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CERTIFICATE HOLDER			CANCEL	LATION			
			THE EX	KPIRATION	DATE THE	DESCRIBED POLICIES BE C Reof, notice will by Provisions.	
Al				AUTHORIZED REPRESENTATIVE			