



**CITY OF RICHFIELD**

2018

**Application for  
Itinerant Activity License**

**This application is a two-part application. Both parts must be completed before the application can be submitted for consideration.**

- License fees must be paid at the time the application is submitted
- Transient merchant licenses are valid for a period of up to six (6) months.

**PART I – Business Information**

Class of license requested:

\_\_\_\_\_ Transient Business/Merchant                      \_\_\_\_\_ Wagon Peddler  
 \_\_\_\_\_ Peddler/Hawker    \_\_\_\_\_ Solicitor/Canvasser

**PLEASE PRINT LEGIBLY**

Business Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Business Phone: \_\_\_\_\_ Preferred Mail Address: \_\_\_\_\_  
(City) (State) (Zip Code)

*A copy of state licensure must be provided.* Attached?  Yes  No

Type of Business: \_\_\_\_\_ Sole      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

Names of all persons who have any interest in the management and control of the business, including partners and corporate officers.

1.	_____			
	Last Name	First	Full Middle Name	Date of Birth
2.	_____			
	Last Name	First	Full Middle Name	Date of Birth
3.	_____			
	Last Name	First	Full Middle Name	Date of Birth
4.	_____			
	Last Name	First	Full Middle Name	Date of Birth

Name of person making application:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Full Middle Name

\_\_\_\_\_  
Date of Birth

Home Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(Attach list showing home addresses for past 5 years)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Check here if you have ever been convicted of a crime, including felony, misdemeanor or city ordinance violation, other than a minor traffic offense \_\_\_\_\_. You must supply information pertaining to the nature of the offense and conviction date.**

Brief description of activity to be conducted: \_\_\_\_\_

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

If Class I (Transient) license, location(s) where activity is to be conducted: \_\_\_\_\_

\_\_\_\_\_  
**(Written permission from the owner or lessor of the property, authorizing use to conduct a transient business must be attached to the application).**

If claiming an exemption under subsection 1181.03, subdivision 3, paragraph (d) activity involves the sale of products of the farm or garden occupied and cultivated by person making such sales you must provide a signed affidavit attesting to the location of the farm or garden in which the products are grown.

Length of time, including beginning and ending dates, for which the license is desired: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*NOTE:** No transient business can be conducted for more than eight days during a 60 day period and no more than 3 consecutive days.

Beginning date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Specific dates must be listed on the application:

60 Days

60 Days

60 Days

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CITY OF RICHFIELD**  
**SUPPLEMENTAL ADDRESS LIST**  
**ITINERANT ACTIVITY LICENSE**

List home addresses for previous 5 years (Include City, County, and State)

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List Business addresses for previous 5 years (Include City, County, and State)

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**PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

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

( ) I have no employees covered by law.

( ) Other (Specify): \_\_\_\_\_

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

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.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)