

City of Grand Marais

APPLICATION FOR PEDDLER, SOLICITOR, OR TRANSIENT MERCHANT PERMIT

Term of Permit:

_____ Annual: \$100.00

_____ Four (4) Consecutive Days: \$25.00

Specify Dates: _____

NAME:

_____ (Full First Name)

_____ (Full Middle Name)

_____ (Full Last Name)

Attach a current 2"x2" Photograph

Height: _____

Weight: _____

DOB: _____ / _____ / 20____

Permanent Address:

Social Security No. _____

Federal Employer No. _____

State ID/Drivers License No. _____

Sales and Use Tax No. _____

Telephone Number(s) _____

Owner and address where
sales will be made:

Nature of Business/
Goods to be Sold:

Description and Lic. No. of
Vehicle (if used during
sales or solicitation: _____

Name and Address of
Employer, Principal or
Supplier:

Name and Address of
Source of Goods to be
Sold under this Permit _____

Character References:

(Names and Addresses of
two property owners of
Cook County)

1) _____

2) _____

Have you ever been convicted of any felony, misdemeanor, or violation of any municipal ordinance?

Yes

If Yes, Explain: _____

No

City/State of Occurrence: _____

Date: _____

Penalty: _____

Previous dates and addresses where you have carried on your business (list most recent first):

1) _____

2) _____

3) _____

(address)

(dates)

Permit Application No. _____

CERTIFICATION OF COMPLIANCE WITH THE MINNEAPOLIS WORKERS' COMPENSATION LAW

| | |
|---------------------------------|--|
| Worker's Compensation Insurance | Policy No. _____ |
| Company Name: _____ | Dates of Coverage: _____ through _____ |

OR

| | |
|---|--|
| ρ | I certify that I am not required to carry worker's compensation insurance because: |
| ρ | I am a sole proprietor and have no employees |
| ρ | I have no employees who are covered by the workers' compensation law. |

(Only employees who specifically exempted by statute are not covered by the workers' compensation law. These include: spouse, parents, children regardless of age, and farm labor employees of a family farm that spent less than \$8000 for farm labor in the previous calendar year. All other workers whose work activity is controllable by the employee must be covered.)

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$1000 penalty if the information is false.

Applicant's Signature: _____ **Date:** _____

No local licensing agency, general contractor, timber buyer of other person or organization acting as an intermediary to deliver this card to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing the card.

RELEASE

Permits are issued on the express condition that the City shall be free from all liabilities and claims for damages or suits for or by reason of any injury or injuries to any persons or property of any kind or nature whatsoever, whether the person or property of the applicant, his or her agents, employees, or invitees, from any causes whatsoever while in or on the streets, sidewalks, parks, parking lots, alleys or other property of the City during the term of the permit unless caused by the negligence of the City. The applicant further covenants and agrees to indemnify, save hold harmless, and defend the City from all liabilities, charges, expenses (including attorneys' fees) and costs on account of or by reason of any such injuries, claims, suits or losses however occurring or damages growing out of them.

- NOTE**
- 1) You are being asked for the information in this application so that city and county officials can evaluate your qualifications for the permit that you are requesting. You may refuse to answer any questions. However, if you do not supply all of the answers requested, the permit will be denied. The information supplied by you may also be reviewed by law enforcement agencies, the City Attorney, and the Grand Marais City Council.
 - 2) The application fee will not be refunded, even if the application is denied.
 - 3) It is your responsibility as the applicant to assure yourself that you have a site where you can set up. The City does not assign locations and takes no responsibility for finding sites for applicants on private property.
 - 4) It is your responsibility to obtain additional licenses, permits, if necessary, such as electrical inspections, food handler's licenses, health inspections, etc. These are not issued by the City of Grand Marais. Attach copies of these licenses/permits to this application. Your permit will not be issued without these copies attached.

INSTRUCTIONS: Return this completed form, together with the application fee to:

**City of Grand Marais
15 North Broadway
P.O. Box 600
Grand Marais, MN 55604
Telephone (218) 387-1848**

- I hereby swear or affirm that all of the information provided herein is true and correct.
- I hereby consent to a criminal history and background check by the Cook County Sheriff's Department.
- I have read, understood, and consented to all of the requirements and conditions of the foregoing application.

Applicant's Signature: _____

Date: _____

Notary Public (seal)

EXECUTE IN DUPLICATE: One copy will be forwarded to the Minnesota Department of Labor and Industry.

I hereby certify that I have made an examination of the applicant's criminal history and background.

| | | |
|---|------------------|-------------|
| COOK COUNTY SHERIFF'S DEPARTMENT | SIGNATURE: _____ | Date: _____ |
|---|------------------|-------------|

This Application for Peddler/Solicitor/Transient Merchant Permit is hereby:

ρ APPROVED ρ DENIED

**GRAND MARAIS CITY
CLERK/TREASURER**

SIGNATURE:

Date: