



PEDDLER/TRANSIENT MERCHANT/SOLICITOR LICENSE APPLICATION

City Of Janesville
101 N Mott Street, Janesville, MN 56048
507-234-5110

License Type & Fees:

- Background Fee \$15 for Solicitor and Transient Merchant
- Transient Merchant \$25/day or \$200/annual
- Peddler \$250 background investigation + \$50/day

Applicant's Full Name (COPY OF VALID PHOTO ID REQUIRED)

Date

Applicant's Permanent Address

Phone Number

DOB: _____

OLN: _____

Applicant will be conducting business on behalf of:

- Corporation _____
- Partnership _____
- Sole Proprietorship _____

Print or type names and addresses of persons or persons having management control over the applicant's business or of the person, firm or corporation for whose account the business will be carried on.

Print or type name and address of Applicant's immediate supervisor.

List all persons who will be conducting business with Applicant in the City of Janesville. (Full Name, DOB and OLN)

Applicant will be conducting business in the City of Janesville from _____ to _____, (Maximum **FOURTEEN (14)** consecutive days.)

List all Cities in which Applicant has conducted a transient business within the last six months.
(Do not list permanent place of business)

Please describe the goods, wares or merchandise to be sold or offered for sale by the applicant in the city.

Good are to be sold:	From Stock in possession	_____
	From Sample	_____
	Other (describe below)	_____

License numbers of all vehicles transporting Applicant or his goods are _____

List **ALL** criminal convictions of any federal or state statute or regulation, or any local ordinance within the last five years for Applicant and all persons conducting business with Applicant.

List at least three references including at least one bank or lending institution.

With whom is your Company bonded or insured? _____

The undersigned hereby certifies that the information given above is true and correct to the best of his knowledge and belief.

Applicant _____

Date _____

Title _____

**** Please note: No person shall conduct business as a peddler, solicitor or transient merchant within the City limits without first having obtained the appropriate license from the county as required by M.S. Chapter 329 as it may be amended from time to time.**

Amount Paid: _____

Receipt No.: _____

Staff Signature: _____

Date Received: _____

____ Approved

____ Denied

Reason for denial: _____

Clinton Rogers
City Administrator

Steven Johnson
Police Chief

INFORMED CONSENT CRIMINAL BACKGROUND CHECK

A search of the Janesville Police Department, Waseca County Sheriff's Office, Minnesota State Criminal Records, other state records repositories, and/or Federal Bureau of Investigation's Criminal Justice Information files will be performed on you, pursuant with the Mobile Food Vendor/Food Truck License Application to which you are applying. If you do not agree to sign this form, you will not be eligible to be accepted to operate within the City of Janesville. By signing this form, you are allowing:

City of Janesville *Solicitor/Transient Merchant*

To any criminal data maintained in those files which apply under MN statutes and Janesville City Ordinance.

****A fee of \$15.00 will be charged for this process and a copy of your Driver's License is required****

1. You have the right to be informed that **City of Janesville** is requesting a criminal background check to determine if you have been convicted of a crime specified in MSA 299C.67
2. You have the right to be informed by **City of Janesville** of the results of a criminal background check and to obtain a copy of the results from **City of Janesville**.
3. You have a right to obtain from the Janesville Police Department, Waseca County Sheriff's Office, and/or the MN Bureau of Criminal Apprehension, any records that form the basis for the report obtained by **City of Janesville**.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under MSA13.04(4).
5. You have the right to be informed by **City of Janesville** if your acceptance to conduct business has been denied because of the results of this background check.

Applicant Information – please print clearly:

Last Name _____ **First Name** _____ **Middle Name** _____ **Date of Birth** _____

Have you ever been known by another name? (Maiden, Birth, Nickname, Alias, etc.) Yes _____ No _____

If yes, list all _____

Current Address _____ (No P.O. Box)

City _____ **State** _____ **Zip** _____ **County** _____

Telephone Number _____

Gender: Male _____ Female _____

Social Security # _____

Have you lived in Minnesota for the past ten years? Yes _____ No _____

List prior address if different than current address: _____

Driver's License Number: _____ **State** _____

I certify and acknowledge that all statements and information provided above are accurate and true to the best of my knowledge and understanding that providing false or incomplete information regarding the above background will remove me from eligibility to be accepted to conduct business in the City of Janesville. A search of the above record agencies will be performed on you. By signing this form, you are allowing the City of Janesville/Janesville Police Department to access any criminal data maintained in these files. I also understand that I will be charged any fees listed above for conducting this background check. **This release will be effective for ONE (1) year from date signed.**

Date _____ **Signed** _____

INFORMED CONSENT CRIMINAL BACKGROUND CHECK

A search of the Janesville Police Department, Waseca County Sheriff's Office, Minnesota State Criminal Records, other state records repositories, and/or Federal Bureau of Investigation's Criminal Justice Information files will be performed on you, pursuant with the Mobile Food Vendor/Food Truck License Application to which you are applying. If you do not agree to sign this form, you will not be eligible to be accepted to operate within the City of Janesville. By signing this form, you are allowing:

City of Janesville

Peddler

To any criminal data maintained in those files which apply under MN statutes and Janesville City Ordinance.

****A fee of \$250.00 will be charged for this process and a copy of your Driver's License is required****

1. You have the right to be informed that **City of Janesville** is requesting a criminal background check to determine if you have been convicted of a crime specified in MSA 299C.67
2. You have the right to be informed by **City of Janesville** of the results of a criminal background check and to obtain a copy of the results from **City of Janesville**.
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Applicant Information – please print clearly:

Last Name First Name Middle Name Date of Birth

Have you ever been known by another name? (Maiden, Birth, Nickname, Alias, etc.) Yes _____ No _____

If yes, list all _____

Current Address _____ (No P.O. Box)

City _____ State _____ Zip _____ County _____

Telephone Number _____

Gender: Male _____ Female _____

Social Security # _____

Have you lived in Minnesota for the past ten years? Yes _____ No _____

List prior address if different than current address: _____

Driver's License Number: _____ State _____

I certify and acknowledge that all statements and information provided above are accurate and true to the best of my knowledge and understanding that providing false or incomplete information regarding the above background will remove me from eligibility to be accepted to conduct business in the City of Janesville. A search of the above record agencies will be performed on you. By signing this form, you are allowing the City of Janesville/Janesville Police Department to access any criminal data maintained in these files. I also understand that I will be charged any fees listed above for conducting this background check. **This release will be effective for ONE (1) year from date signed.**

Date _____ Signed _____