

☐ Approve: _____
☐ Deny: _____
☐ Revoke: _____

License # 2024 - _____

Date ID issued/by: _____

2024 license application for peddler, solicitor or transient merchant

- ☐ Registration fee (peddlers and transient merchants): \$150
☐ Solicitor or nonprofits: \$0
☐ Duplicate ID card: \$25

Please print clearly on all application information.

Applicant information

Applicant's name: _____ Date of birth: _____
Last First Middle

Current address: _____

City: _____ State: _____ ZIP code: _____

Permanent address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Fax: _____ Cell phone: _____

Vehicle information (vehicle used to conduct business)

Vehicle year: _____ Vehicle make: _____ Vehicle model: _____

Plate number: _____ State: _____ Vehicle color: _____

Registered owner: _____

Employer information

Business name: _____ Contact name: _____

Current address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Fax: _____ Alternate number: _____

Business information (transient merchant only)

Location of transient activity: _____

Phone: _____ Alternate phone: _____

Description of goods to be sold: _____

Miscellaneous information

All questions must be answered to be considered for issuance.

What is the source of any goods or property to be sold?

Where are these goods located during the time of application? _____

What is the proposed method of delivery? _____

During what period of time will the applicant conduct the activities outlined in this application? _____

Permissible hours are between 9 a.m. and 8 p.m.

List the last three municipalities where these activities occurred, including address, if applicable.

1. _____

2. _____

3. _____

In the last five years, have you ever been convicted of any felony, gross misdemeanor or misdemeanor for which a jail sentence may have been imposed? ☐ Yes ☐ No If yes, list the details:

☐ I authorize the City of St. Louis Park to complete a background check for the purpose of obtaining a license as described in City Ordinance Section 8-572. By signing this consent form, I release the City of St. Louis Park from any and all actions and causes of action, of every kind and nature whatsoever, past, present and future, arising out of the release of the information obtained with this consent.

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code. Any violations may result in the suspension or revocation of the license.

Applicant signature: _____ Date: _____

City of St. Louis Park Police Department: 3015 Raleigh Ave. S., St. Louis Park, MN 55416, 952.924.2600

Must include a readable copy of a government issues picture ID with current address for each person listed above.

A copy of the application and license is kept on file at the St. Louis Park Police Department.

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City staff to complete

Date: _____ Fee Paid: _____ Check #: _____ Cash: _____ Charge: _____ Staff Initials: _____

_____ ID photocopy _____ Criminal history check _____ BBB check

_____ Company/corporation _____ Municipal activity check _____ Worker's comp. certificate

_____ Nonprofit 501c paperwork _____ Entered in ZT

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155



E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date
I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)		

2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.