



CITY OF DULUTH
CITY CLERK'S OFFICE
330 City Hall • 411 West First Street
Duluth, Minnesota 55802-1189
Phone (218) 730-5500
Fax (218) 730-5923

LICENSE APPLICATION GUIDELINE AND CHECKLIST

Type in your information by tabbing through the boxes below. Print, sign and submit all pages to the address above.

LICENSE TYPE: PEDDLER, SOLICITOR, TRANSIENT MERCHANT

Peddler: A person who offers merchandise or services for sale door-to-door, including house-to-house, business-to-business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately.

Solicitor: A person who obtains orders for merchandise or services for future delivery. Registration required. No fee.

Transient Merchant: A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of selling goods. Individuals may not remain in one location for more than 14 consecutive days. Delivery and payment occur immediately.

Non-Commercial Advocate: A person who disseminates religious, political, social, or other ideological beliefs. No registration or license is required.

| Staff Initials | APPLICATION CHECKLIST |
|----------------|---|
| | <input type="checkbox"/> 1. LICENSE APPLICATION. |
| | <input type="checkbox"/> 2. PHOTO ID: Attach a copy of a driver's license or government issued photo identification card. |
| | <input type="checkbox"/> 3. CRIMINAL BACKGROUND REPORT: Available from www.chs.state.mn.us/ New Criminal History Search or the State of Minnesota, Bureau of Criminal Apprehension, 1430 Maryland Ave. E., St. Paul, MN, 651-793-2400. If you have lived in another state within the past ten years, you must attach a report from the others state(s) you lived. <i>These reports must be dated within 30 days of receipt of this application.</i> |
| | <input type="checkbox"/> 4. FEE: \$60.00 plus INITIAL INVESTIGATION FEE (one time): \$36.00 |

NOTICE TO APPLICANT:

- Incomplete applications will not be processed and will be returned.
- Licenses are not transferable.
- Make a copy of this packet for your personal records before submitting.



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| | |
|----------------------------|--|
| FOR OFFICE USE ONLY | |
| DATE _____ | |
| LICENSE # _____ | |

**LICENSE APPLICATION/REGISTRATION
 FOR PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS**

| 1. BACKGROUND INFORMATION | | | |
|---|------------------|------------------------|-----------------|
| Applicant's Full Legal Name | | Peddler | |
| All other names you have used or conducted business under (First, Middle, and/or Last) | | Solicitor | |
| | | Transient Merchant | |
| Residence Address | City | State | Zip Code |
| Local Address (If residence address is out of state) | City | State | Zip Code |
| Social Security or Individual Tax ID | E-mail Address | Cell Phone Number | |
| Name of Business/Company | Telephone Number | Fax Number | |
| Street Address of Business | City | State | Zip Code |
| Name of Manager | E-mail Address | Cell Phone Number | |
| Describe in detail the type and brand name of the merchandise or services for sale. | | | |
| List the last three locations where you have worked as a peddler, solicitor, or transient merchant. | | | |
| 1. | 2. | 3. | |
| Are you an owner operator manager agent and/or employee of any business? If yes, list the business name(s). | | | |
| List any licenses currently or previously held in Duluth. | | | |
| Have you ever had a business license denied or revoked by Duluth or another government entity? Yes No If yes, indicate the date of denial/revocation, governmental agency, and reason for denial/revocation. | | | |
| 2. IDENTIFICATION REQUIREMENTS | | | |
| Date of Birth (dd/mm/yyyy) | Age | Height ____ ft ____ in | Weight ____ lbs |
| Hair Color | Eye Color | Race/Complexion | |
| 3. VEHICLE INFORMATION | | | |
| Year | Make | Model | |
| Color | License Plate | Last six digits of VIN | |

4. DATA PRIVACY ADVISORY – THIS SECTION IS NOT REQUIRED FOR SOLICITOR’S REGISTRATION

Have you been convicted of a felony gross misdemeanor, misdemeanor or ordinance violation for violating any federal, state or local ordinance other than a minor traffic offense within the last ten years?

Yes No N/A Solicitors

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Peddler License, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provide is public and will be used by the Duluth Police Department, the Duluth City Council and/or the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory.

Signature _____ Date _____

5. VERIFICATION

The data you furnish on this application will be used by the City of Duluth to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Duluth may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, 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 Minnesota Statutes, 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 NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
|---|------------------------|-------------------|

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

| | | | |
|---|----------------|-------|----------|
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE | ZIP CODE |
| COUNTY | E-MAIL ADDRESS | | |

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

| | | |
|--|----------------|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) | NAIC Number | |
| POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

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

PRINT NAME

| | | |
|--------------------------------|-------|------|
| APPLICANT SIGNATURE (required) | TITLE | DATE |
|--------------------------------|-------|------|

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. 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:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____



PEDDLERS AND SIMILAR ACTIVITY FREQUENTLY ASKED QUESTIONS

1. I am interested in selling items around town, possibly at different locations and events, what is needed?

There is a "Peddlers" license for a person/business that "goes from place to place, with a product for sale." Those taking orders for a later delivery, nonprofits and those who DO NOT "go from place to place" are NOT REQUIRED to secure this license, but some still choose to secure the peddlers license. In addition, depending on the particular type of product, there might be an additional license required, for example, for fireworks contact the Duluth Fire Department, for food contact the Minnesota Department of Health. Also, depending on the product, it might be subject to City of Duluth Sales Tax.

2. What are the restrictions as to where a person can sell, regardless of needing a license or not?

You CANNOT be on private property without their permission. In addition, you cannot be on the Corps of Engineers' property adjacent to the Aerial Lift Bridge. If on public streets or sidewalks you CANNOT interfere with either vehicular or pedestrian traffic, that is, you CANNOT be "set-up" in one location and "plug" the parking meter, you must continue to move from place to place. (Note: The whole bricked area in Canal Park, bordered by Canal Park Drive, Buchanan Street and Lake Avenue is a public area, and you CANNOT be "set-up," you must keep moving.) For public property other than public streets or sidewalks, one needs permission from the City Property Manager. Peddler permits cannot be used in public parks.

3. When there is something like Sidewalk Days or Grandma's Marathon when the public streets are closed are there any further restrictions?

If there is an approved special events permit for an area (i.e. Sidewalk Days, Grandma's Marathon, etc.) a person/business interested in selling items must get permission from the holder of the approved special events permit to sell in the special events permit area.

4. What are the regulations relative to Bayfront Festival Park?

In the case of large events, such as Fourth Fest or the Blues Fest, the approved promoter has the authority for approving what vendors are at the specific events.

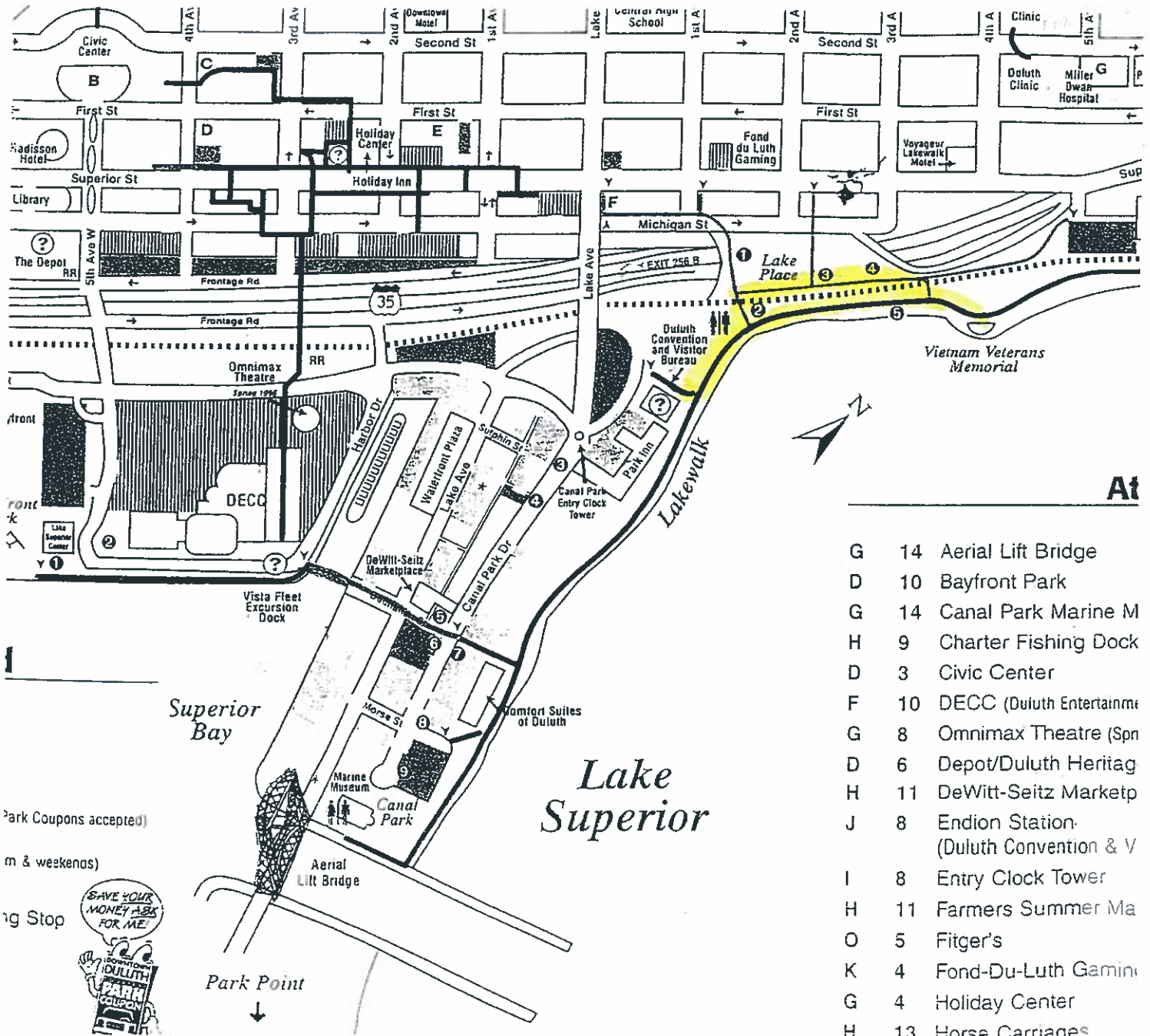
Busking, which is providing "entertainment," is allowed only in designated areas of the Lakewalk and in Lake Place Park with an approved permit from the Parks and Recreation Division.

5. Contact Information:

| | | | |
|--------------------------------|------------------------------|-------------------------|----------|
| City Clerk | 730-5500 | City Parks & Recreation | 730-4300 |
| City Property Manager | 730-4434 730-4434 | City Sales Tax | 730-5350 |
| City Fire Department | 730-4394 | City Licensing Officer | 730-5421 |
| Minnesota Department of Health | 723-4642 | City Parking Manager | 730-5178 |

DULUTH PARKS AND RECREATION WATERFRONT BUSKING PERMIT AREA

Lake Place Park and the Lakewalk from Endion Station Visitors Center to the Vietnam Veterans Memorial



Park Coupons accepted)

m & weekends)

ng Stop



Park Point