

## License Application: Peddler

**Definition:** A person who offers merchandise or services for sale door-to-door. Delivery and payment occur immediately.

**Similar Licenses:**

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

**Non-Commercial Advocate:** A person representing religious, political or social beliefs. No registration, license, or identification card is required.

**Transient Merchant:** A person who temporarily sets up business out of a vehicle, 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.

**Youth Fundraiser:** A person, age 17 and under, selling merchandise or services, or seeking donations, for a school, church, sports or scouting organization. One registration is required for each group and individuals must display a city approved identification badge. No fee.

Each solicitor, peddler, and transient merchant will be issued an identification card from the Division of Licenses and Consumer Services. It expires June 30<sup>th</sup> each year. You are required to carry and display your identification card at all times.

Note: We are upgrading our website. Any item in *blue italics* can be found on the Minneapolis Business Licenses website. We are sorry for this temporary inconvenience. Underlined [words](#) in dark blue are active hyperlinks.

### 1. Application Requirements

1. Complete the application below and attach all the required documents.
2. There is a [fee](#) for this license plus a new license processing charge.
  - Cash or Check:** If you would like to pay by cash or check, mail or drop off your application in our office. We will not process your application without payment enclosed.
  - Credit Card:** If you would like to pay by credit card, email to [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov), mail, or drop off your application in our office. Do not add your credit card information on this application. We will call you to securely charge your credit card.

If you have any questions, please send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call us at 612-673-2080.
3. **Background Check**
  - Attach a copy of a driver's license or state identification card
  - Attach a five year background report. This report must be dated **within 30 days** of receipt of this application. This is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#).
4.  **Photo:** Attach a clear, electronic, color image of your face. If you mail or drop off your application, we will call you with instructions on how to send it to us electronically. Photo must be taken within 30 days of receipt of this application.

## 2. Background Information

Applicant Name (Last, First, Middle)

Other names you have used or have been known by (Last, Middle, First)

Local Address

E-mail Address (Required)

Cell Phone Number

Name of Business/Company

Telephone

Address of Business/Company

Name of Manager

E-mail Address

Cell Phone Number

## 3. Identification Card Requirements

Social Security Number

Date of Birth (dd/mm/yyyy)

Hair Color

Eye Color

Height \_\_\_ft \_\_\_in

Weight \_\_\_\_\_ lbs

## 4. Business Information

Goods or Services for Sale

New  Resale  Artistic  Customized

Describe the type and brand of goods or services:

List the last three locations where you have worked as a

Peddler:

Solicitor:

Transient Merchant:

List the name(s) of any other companies you currently work

Owner:

Operator:

Manager:

Agent:

Employee:

List any licenses or registrations currently or previously held in Minneapolis.

Have you ever had a business license denied or revoked by any government?  Yes  No

If yes, indicate the date of denial/revocation, governmental agency, and reason for denial/revocation.

Have you been convicted or any felony, gross misdemeanor or misdemeanor for violating any state, federal, or local law in the past five years? Do not include minor traffic violations.  Yes  No

If yes, please provide or attach specific information about date(s) and conviction(s)

**5. Vehicle Information**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>
<b>License Plate State and Number</b>		<b>Last six digits of VIN</b>	

**6. Data Privacy**

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you signed it.

**7. Verification**

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

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.

- I have read and understand the above Data Privacy Advisory.
- I have read and agree to the [Terms and Conditions](#) for electronic signatures.

By typing your name, you are electronically signing this application.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**8. Additional Information**

1. Incomplete applications may be returned.
2. No license will be issued for longer than one year.
3. You cannot transfer your license to any other person.
4. For reasonable accommodations or alternative formats, please send us an email at [businesslicenses@minneapolismn.gov](mailto:businesslicenses@minneapolismn.gov) or call us at 612-673-2080. Individuals who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000.
5. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.