



## CITY OF BROWNS VALLEY

19 3RD Street South · Browns Valley, MN 56219 · Phone 320-695-2110 · Fax 320-695-2127

### TRANSIENT MERCHANT LICENSE APPLICATION

Fee is \$15.00 per day or \$300.00 per year for Transient Merchant Licenses.

**A two (2) year Non-revocable \$1,000 Surety Bond payable to the City of Browns Valley  
or Certificate of Liability Insurance for Mobile Food Units**

**\*\*License expires on December 31<sup>st</sup> of the year in which license was granted.**

Application Type: ☐ New ☐ Renewal Permit Number: \_\_\_\_\_

**This license is for the following dates: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.**

**License may not be sold, transferred or assigned except by the City Council.**

I/We do hereby apply for a City License to conduct the business of (circle one) Transient Merchant, Hawker, Peddler, Runner, Solicitor, Canvasser, whose business is \_\_\_\_\_

Type of Product Being sold (Inventory list to be attached.) \_\_\_\_\_

Name, Date of Birth, Social Security No., and Sex of Individual Applicant(s) (attach additional sheet if needed): \_\_\_\_\_

Name of Corporation, LLC, etc and State of Incorporation (Need to be registered with State of MN): \_\_\_\_\_

Permanent Business Address (PO Box not acceptable) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Mailing Address (PO Box acceptable) \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and home address for the previous two years of the person(s) owning the business: (Attach sheet for additional owners)  
OWNERS NAME, AGE, & SEX ADDRESS (City, State, Zip Code)

Name, Age, Sex, home address, and home and cell telephone number of each employee or agent who will engage in business activities in Browns Valley, on behalf of your company: (Attach sheet for additional employees)

NAME ADDRESS (City, State, Zip Code) PHONE NO.

Furnish a current photograph of **each** owner, agent, or employee who will be conducting business in Browns Valley, MN. The photographs will become a part of this application. (Recognizable copy of driver's license will suffice in place of a photograph).

Vehicle(s) to be used: Make, Model, Year, License Plate Number: (Attach sheet for additional vehicles)

**Qualifications of Applicant/Owner/Agents (Please circle appropriate answer.)**

Yes	No	Are you of Good Moral Character (Criminal History, License History, General Personal History)?
Yes	No	Do employees wear company uniform?
<u>Do you have.....</u>		
Yes	No	Any Felony Convictions
Yes	No	Any offenses involving the manufacture, sale, distribution or possession for sale or distribution of alcoholic beverages on your criminal record
Yes	No	Any offenses involving the sale of drugs or felony possession of drugs on your criminal record
Yes	No	Any other offenses determined by the City Council to have a direct bearing on your ability to serve the public
Yes	No	Two or more convictions for driving or being in actual physical control of a motor vehicle while under the influence of intoxicating beverages or drugs
<u>Have you ever been charged with or found guilty of?</u>		
Yes	No	Prostitution
Yes	No	Obscenity

I certify that: the information in this application is true, correct, and complete to the best of my knowledge; a disclosure statement is not required; and, that if this permit is approved, I will comply with the City of Browns Valley ordinances, laws and rules, the conditions noted above.

It is hereby expressly understood that the City of Browns Valley will not be liable for refunds or rebates of any part or portion of the license fee paid in any case whatsoever. The applicant hereby agrees to conform to the provisions of the laws of the State of Minnesota; the City of Browns Valley assumes no responsibility whatsoever in cases where the equipment or apparatus of the license is in violation of State Law and seizure or confiscation or removal is ordered by other law enforcement agencies. The applicant will provide a copy of their current MN Sales Tax & Use Permit by Tax Commissioner and Mobile Food Unit by MN Department of Health (If selling food products).

\_\_\_\_\_  
Signature of person submitting application

**(For City Office Use Only)**

_____ Copy of Driver's License	_____ MN Transient Merchant License or Mobile Food Unit License
_____ MN Sales & Use Tax Permit	_____ Surety Bond/or Certificate of Liability Insurance
Fee Received \$ _____	
Date License Received: _____	
Date License Issued _____	Date Application Denied _____
Reason for Denial _____	
Police Chief Approval      Yes      No	Date Approval Received _____
If denied, reason for denial _____	

For Definitions reference: Transient Merchant: Chapter 113.01

**License to be carried by licensees and exhibited on demand.**

State of MN Minn. Stat. § 329.11 Applicant must meet the qualifications for a state license pursuant to Minn. Stat. § 329.10 - License Required.

**Ordinance Section 113 General Penalty**

*Violation of any of the terms or provisions of this article for which another penalty is not expressly provided shall be punished by a fine not to exceed One Thousand Dollars (\$1,000.00) or imprisonment not to exceed Thirty (30) days, or both such fine and imprisonment. Each day any violation of this article continues or is permitted to continue shall be deemed a separate offense. Each such violation shall constitute a separate offense.*