



**CITY OF RAMSEY
2020 APPLICATION FOR
NON-PROFIT PEDDLER/SOLICITORS/TRANSIENT MERCHANT LICENSE**

Date: _____

Application is hereby submitted for a non-profit peddler/solicitors/transient merchant license within the City of Ramsey, in accordance with the Ordinances of said city regulating the same. Application must be submitted a minimum of 30 days prior to date needed. Business licenses are issued upon approval by City Council. Refer to [City Code Chapter 26](#) for ordinance details. Attach a copy of organization’s certificate of non-profit status. Send completed application to econdev@cityoframsey.com.

Name and Address of Organization Tax-Exempt or Federal ID #

Contact Person Name Contact Number

Address

Purpose/Cause of Solicitation

Period that the Solicitation Will Take Place – Date(s) and Time(s) Contact E-mail Address

Names & Addresses of the Officers and/or Directors of the Organization:

Name Address

Name Address

Name Address
(Attach additional sheets as necessary)

Names & Addresses of All Persons Conducting the Canvassing/Solicitation:

Name Address

Name Address

Name Address

Name Address

Name Address
(Attach additional sheets as necessary)

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license 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.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: Non-Profit Peddler/Solicitor/Transient Merchant

Licensing Authority: City of Ramsey

License Renewal Date: _____

1. PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

_____ City State ZIP

2. BUSINESS INFORMATION (Local store information):

Business Name: _____

Business Address: _____

_____ City State ZIP

Local Store Contact: _____
Name (Owner/Manager) Phone No.

Minnesota Tax Identification No.: _____
(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION (if applicable)

Corporation Name: _____

Corporation Address: _____

_____ City State ZIP

Corporation Contact: _____
Name Phone No.

_____ Signature Position (Officer, Partner, etc.) Date