

CITY OF RAMSEY
2023 APPLICATION FOR PEDDLER / SOLICITORS LICENSE

License application review and approval process may take up to 15 days. Business licenses and/or ID badges are issued upon approval by City Council. Refer to City Code Chapter 26 for ordinance details. Tax ID required per MN Statute 270C.72. Incomplete applications will not be accepted. Approved licenses are valid until December 31st. A new application must be submitted annually.

Enclose with this application:

- License fee of \$100 (per person)
Background check fee \$35 (per person)
Completed and signed Request for Background Check Information form
Color copy of Driver's license or or government-issued ID
Certificate of workers' compensation insurance
Copy of Anoka County food license, MN Department of Agriculture or MN Department of Health (food peddlers only)

1) FULL Name of Business:

2) Address of Business: Street City State Zip

3) Business Type: Individual Business Corporation Partnership Other

4) Applicant's FULL Name: Last Name First Name Middle

5) Applicant's Position with Company:

6) Applicant's Address: Same as Business or Street City State Zip

7) Business Phone Number: Cell Phone Number:

8) Email Address:

9) Minnesota Tax Identification No.:

10) Federal Tax Identification No.:

11) Has applicant been convicted of a crime (other than a traffic violation) within the last ten (10) years? Yes No
If Yes, list offense(s) with dates & locations:

Blank lines for listing offenses.

12) Has applicant taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? Yes No If yes, explain:

Blank line for explaining bankruptcy/insolvency.

13) Brief description or nature of business and goods to be sold:

a. Source of supply/method of delivery: _____

14) Days & times in which business will be conducted (*allowed Sun-Sat 9am-9pm*): _____

15) List other cities you have held licenses or conducted business in: _____

16) List below **FULL** names of all employees other than the above applicant who will be selling these goods in the City of Ramsey:

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. Business activities are not allowed until approved by City Council and license is issued. Failure to adhere may risk up to \$250 fine and/or immediate denial of future applications.

Applicant's Signature: _____ Date: _____

This license will expire on December 31, 2023

Return completed application and requested information along with the fee to:

***City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303***

*Make check or money order payable to "City of Ramsey"
VISA, MasterCard, Discover accepted.*

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.*

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

Minnesota Statute, 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

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

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: _____

Signature: _____ Date: _____

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:

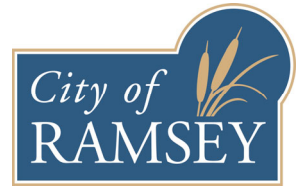
1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 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



CITY OF RAMSEY

REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form 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. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

*Please print legibly – All Fields **MUST** Be Completed (Enter "N/A" if not applicable)*

Type of License Applied For:

Peddler/Solicitor Transient Merchant Massage Therapist Massage Est Tobacco Other: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Full Name: _____ Date of Birth: _____
First Middle Last

Phone (*daytime*): _____ Sex: _____ Race: _____

Local Address: _____ MN
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Applicant Signature _____
Date

FOR OFFICE USE ONLY

Checks: MN Criminal History Local Police Records

Comments: _____

Background Check Processed by: _____ Date: _____