



CITY OF RAMSEY
2024 APPLICATION FOR TRANSIENT MERCHANT LICENSE

License application review and approval process may take up to **15 business 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 60 days.

Enclose with this application:

- License fee of \$350 + Background check fee \$35 (per person)
- Completed and signed [Request for Background Check Information](#) form
- Color copy of Driver’s license or government-issued ID
- Certificate of workers’ compensation insurance
- Documented permission from property owner

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 is: Owner Manager Other: _____

6) Applicant’s Address: Same as Business or

Street City State Zip

7) Phone Number: _____ Cell Business Other: _____

8) Email Address: _____

9) Minnesota Tax Identification No.: _____

10) Federal Tax Identification No.: _____

11) Location where business activity will occur (address or property ID #): _____

12) 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:

13) 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:

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

a. Source of supply/method of delivery: _____

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

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

17) 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. Transient merchants must make certain their goods, wares or merchandise for sale are on an improved surface per the zoning requirements for that district. They may not locate within required green space between the parking area and the right-of-way.

Applicant's Signature: _____ Date: _____

This license will expire 60 days from approval.

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