PEDDLER LICENSE APPLICATION

City of Plymouth

3400 Plymouth Blvd., Plymouth, MN 55447 (763) 509-5000

TYPE OF LICENSE
Non-Refundable License Fee

( ) 1 Month Permit, $60 ( ) 6 Month Permit, $300

Permitted selling hours are 9 am – 8 pm

All applications must be completed in full, with wet signatures to be processed

Full name of applicant:	
Applicant Address (Street/City/State/Zip):	
Applicant Phone:	Applicant Email Address:
Applicant Cell Phone:	
Local address AND phone number where you are staying while soliciting in Plymouth:	
Emergency Contact and Phone:	
Business Name:	
Business Address (Street/City/State/Zip):	
Business Phone:	Business Website:
Vehicle Information: Make Model Year Color License Plate #	
Description of product:	
List the last five (5) locations where you have been licensed as a solicitor or peddler: Have you had a registration, license, and/or identification card for peddler or solicitor denied or revoked by the city or any other government body within five (5) years before the application date?" If yes, provide the details and locations.	
Signature of Applicant:	**Date:**
Peddler Code 100-20-211-21100-4100.850	

Which method of communication do you prefer to be notified by? Select all that apply.

( )Phone Call:_____ ( )Email: _____ ( )Text Message: _____

DEPARTMENT OF PUBLIC SAFETY
BACKGROUND INVESTIGATION CONSENT RELEASE

City of Plymouth

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As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Type of License PEDDLER LICENSE

Applicant Information

First Name: Middle Name: Last Name:

Home Address:

City/State/Zip:

Home Phone:	Business Phone:
Date of Birth:	Place of Birth:
Driver's License Number: State:	Social Security Number:

Physical Attributes

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor crime, or violation of any municipal ordinance?
Failure to disclose may result in denial of the application. ☐ YES ☐ NO

If yes, provide date, location, type of violation and disposition:

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Signature	Date

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION

City of Plymouth

3400 Plymouth Blvd., Plymouth, MN 55447 (763) 509-5000

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 (person signing the application).

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 license 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 license issuance.

Please supply the following information and return along with your application:

Type of License PEDDLER LICENSE	
Applicant's Name:	
Applicant's Address:	City/State/Zip:
Social Security Number:	Applicant Phone:
Business Name:	
Business Address:	City/State/Zip:
Minnesota Tax ID Number (if sole proprietor, use Social Security Number):	**Federal Tax ID Number (if sole proprietor, use Social Security Number):**
If a Minnesota Tax ID number is not required, please explain:	
Signature:	
Position:	Date:

CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

City of Plymouth

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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 requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

This information is required by law, and 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 the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the City and retained in the files.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.
Please supply the following information and return along with your application:

Business Name *(Use Applicant name if not affiliated with a company):*	License or Permit Number:
DBA *(doing business as name, if applicable):*	
Business Address/City/State/Zip:	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number: NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.	Effective Date:	Expiration Date:

NUMBER 2 – Complete if self-insured:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

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

☐ I have no employees

☐ I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

_____

☐ Other: _____

_____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Applicant Signature Title Date

CHECKLIST

	Peddler license application completed in full, with wet signature.
	Certificate of Compliance Workers' Compensation Law completed in full, with wet signature.
	Criminal History Consent Release, with Tennessen Warning completed in full, with wet signature.
	Present a government ID. If mailing application, include a color copy of your government ID.
	Good-quality headshot of applicant to be used for ID badge. Photo needs to be taken within the last six months and with a solid background. Email picture of yourself to info@plymouthmn.gov
	Check payable to the City of Plymouth. Cash or credit card may be used at the Cashier Window located in City Hall.

REVIEW AND APPROVAL PROCESS

Return the completed application packet with the required fee to the City Clerk Division.

All license applications need to be approved by the Police Department. Please note that this process may take 7-10 business days.

If applications are denied, applicants may appeal the denial to the City Council in accordance with the Plymouth City Code.

All applicants will be issued an ID badge. This badge must be worn when soliciting.
City staff will contact you to pick up your badge and select a start date for the license.

If applicant does not pick up badge before the license term begins, the start date can be changed with a 48-hour notice.

Your badge can be picked up at:
Plymouth City Hall
3400 Plymouth Boulevard
Plymouth, MN 55447