



City of Elko New Market
601 Main Street
PO Box 99
Elko New Market, MN 55020-0099
(952) 461-2777 / Fax (952) 461-2782

CITY OF ELKO NEW MARKET
PEDDLER/TRANSIENT MERCHANT LICENSE APPLICATION

Date of application: \_\_\_\_\_, 20\_\_\_\_

- I am a peddler.
I am a transient merchant.

Exact number of day's applicant will be conducting business in Elko New Market: \_\_\_\_\_

Exact dates applicant will be conducting business in Elko New Market: \_\_\_\_\_ to \_\_\_\_\_

List all individuals to be covered by a group license: \_\_\_\_\_

APPLICANT INFORMATION (Please print)

Full Legal Name: \_\_\_\_\_
(Include any names used or known as in the past)

List all other names under which you conduct business or to which you officially answer: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_
(Street Address)

Permanent Residence Phone: \_\_\_\_\_
(City-State-Zip)

List all address(es) and telephone number(s) where you can be reached while conducting business within the City, including where a transient merchant intends to set up a business: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Male [ ] Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Female [ ] Date of Birth: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business/Other Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street Address) (City-State-Zip)

List full legal name of any and all business operation(s) owned, managed, or operated by you, or for which you are an employee or agent: \_\_\_\_\_  
\_\_\_\_\_

Within the last five (5) years have you been convicted of any felony, gross misdemeanor or misdemeanor for violation of any state or federal statute or any local ordinance, other than traffic offenses?  Yes  No

**If yes**, answer the following questions:

Location of arrest (City, County, State) \_\_\_\_\_

Charge Information (Offense charged with) \_\_\_\_\_

Conviction Information (Offense convicted of) \_\_\_\_\_

Sentencing (Fine, probation, parole, etc.) \_\_\_\_\_

Current status in regards to parole, probation, etc. \_\_\_\_\_

Kind of business to be conducted; general description of merchandise to be sold or service to be provided:

\_\_\_\_\_  
\_\_\_\_\_

Attach flyer, pamphlet, information or other regarding products to be sold.  Attached.

Where are the products at the time the application is turned in? \_\_\_\_\_

Where is the source of supply of products to be sold? \_\_\_\_\_

Proposed Method of delivery: \_\_\_\_\_

List 3 most recent locations where applicant has conducted business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

License plate and registration information for any vehicle to be used in conjunction with the licensed business and a description of the vehicle(s):

1) \_\_\_\_\_  
Make                                      Color                                      Model                                      License Number                                      State

2) \_\_\_\_\_  
Make                                      Color                                      Model                                      License Number                                      State

3) \_\_\_\_\_  
Make                                      Color                                      Model                                      License Number                                      State

Have you ever had a license for the purpose of conducting business revoked?     Yes     No

If yes, state where and when license was revoked and basis for revocation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach to this license application the following:

1. Recent passport style photograph or copy of driver's license of each individual covered under the group license. If current photograph is not available, each individual will be photographed at the City of Elko New Market prior to issuance of a license or permit or to complete the solicitor registration process.
2. Copy of proof of any required county license, if applicable.
3. Written permission of the property owner or the property owner's agent for any property to be used by a transient merchant.

**DATA PRACTICES ADVISORY:** We are requesting this data to determine your eligibility for a license or permit from the City of Elko New Market or to complete the registration process for solicitors. Providing this data may disclose information that could cause your application to be denied. This data is not legally required, but the City will not be able to grant the license without it. If a license is granted, this will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city license, permit and registration 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. In addition, this data can be shared by Elko New Market city staff, Department of Public Safety, Scott County staff, Bureau of Criminal Apprehension and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates that you understand these rights.

**READ THE FOLLOWING STATEMENT CAREFULLY, BY SIGNING BELOW, YOU AGREE TO AND ARE BOUND BY EACH OF THEM.**

*I have received a copy of the City of Elko New Market's Peddlers, Solicitors and Transient Merchants Ordinance and will familiarize myself with the contents therein, as they may be amended.*

*I further agree that if a license or permit is issued, that I and all Associates will comply with all Federal and State laws and City of Elko New Markets' Ordinance, now in effect and as they may be amended in the future. I understand that violation of these laws may result in a suspension or revocation of the license or permit.*

*I have read the Data Privacy Notice included in this application and understand its content.*

*I declare that all information provided in this application is complete and truthful. I further declare that I understand that providing incomplete or false information on this application will result in denial of the application.*

*I authorize the City of Elko New Market to investigate and make whatever inquiries which are necessary to verify the information provided and to determine suitability for issuance of a license or permit.*

*I hereby certify that the contents of this application are true to the best of my knowledge. I further state that I have read all relevant City Ordinances relating to the conduct, operation, and practice of this business within the City of Elko New Market, and that I understand them fully.*

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(Signature of Applicant)

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(Date)

**OFFICE USE ONLY**

**Date Received:** \_\_\_\_\_, 20\_\_\_\_ **Date issued:** \_\_\_\_\_, 20\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Approval:** \_\_\_\_\_

**City Official Signature**