

City of Maple Plain 5050 Independence St P.O. Box 97 Maple Plain, MN 55359 Office: (763) 479-0515 Fax: (763) 479-0519

TRANSIENT MERCHANT LICENSE

| APPLICANT INFORMATION | | | | | |
|---|---------------------------------|-------------------|------------------|--|--|
| Applicant Name | | Date | | | |
| Address | | Phone Number | | | |
| City, State, Zip | | Email | | | |
| Company Name | | Company Contact | | | |
| Address | | Phone Number | | | |
| City, State, Zip | | Email | | | |
| Vehicle Information | |] | | | |
| Make | Model | Color | License | | |
| PRODUCT INFORMATION | | | | | |
| Intended distribution location | on (List specific address and a | | | | |
| | | | | | |
| Product Information | | | | | |
| Type of product(s) | | | | | |
| Type of productor | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dates | | | | | |
| List dates will be in town: | | Days of the week: | | | |
| | | | Th 🗌 F 🗌 Sa 🗌 Su | | |
| | | Times: | | | |
| | | Times: | | | |
| | | | | | |
| BACKGROUND CHECK INFORMATION | | | | | |
| Have you ever been convicted of any crime (other than petty traffic violations)? Yes. No. If Yes, please explain: | | | | | |
| Have you ever applied for and been rejected, or received a peddler, solicitor or transient merchant license and had it suspended or revoked within the past three years? Yes. No. If Yes, please explain: | | | | | |
| Have you read and do you understand Chapter 4, Article 3 of the Maple Plain City Code for which you are conducting business? Yes. No. | | | | | |

Pursuant to city of Maple Plain license requirements, per the MN State Statute 299C.72, West Hennepin Public Safety is authorized to conduct a criminal history check. I declare that the information I have provided on this application is truthful and I authorize the City of Maple Plain and West Hennepin Public Safety to investigate the information provided, including completing a MN Computerized Criminal History search, a record check of my driver's license and contacting the persons named on the application. I agree to operate such business in accordance with the laws of Minnesota and the ordinances of the City of Maple Plain. The foregoing statements are true and correct to the best of my knowledge and belief. Applicant Signature Date of Application INVESTIGATION Date referred to Director of Public Safety ________

Background Check Completed by _____ Date Completed ____ **Recommendation of West Hennepin Public Safety** ☐ Approve. ☐ Deny. Reason for Denial: Date of Approval/Denial Signature OFFICE USE ONLY **Background Check Fees Permit Fees** Background Check (Paid upfront - Per Person) License (Paid when issued - Per Company) \$50 \$100 Amount Paid: Amount Paid: Date Paid: _____ Received By:

NOTICE

| Items to submit with application | | Notice to applicant | |
|----------------------------------|---|---------------------|--|
| | Credentials establishing relationship with company | \square | The City will try to process applications as soon as |
| | Company handouts, brochures, order forms, etc. | | possible; 30 business days may be required. |
| | Photocopy of driver's license, state ID or passport | ☑ | Each applicant must submit his/her own application |
| | Non-refundable background check fee | | and pay all applicable fees. |
| | General scaled site plan showing proposed location | ☑ | License fees are collected after approval is received. |
| | and area that will be used by the applicant | | Licenses are obtained at City Hall. |
| | Proof of landowner permission to operate on site | ☑ | All applicants must carry a copy of their license at all |
| | Description, dimensions, and locations of signs | | times while working in the City. |
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Updated 7-21-2020 (Transient Merchant License)

Received By: