



The Oldest City in Minnesota

**PEDDLERS/TRANSIENT MERCHANT PERMIT APPLICATION**

**FEE: \$30.00**

FULL LEGAL NAME OF APPLICANT: \_\_\_\_\_

FULL PERMANENT HOME ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF APPLICANT: \_\_\_\_\_  
(or other acceptable form of identification)

PHYSICAL DESCRIPTION OF APPLICANT: \_\_\_\_\_

\_\_\_\_\_  
(including hair color, eye color, height, weight, any distinguishing marks and features)

HOME PHONE AND CELL NUMBER OF APPLICANT: \_\_\_\_\_

TYPE OF BUSINESS PERMIT IS FOR: \_\_\_\_\_

FULL LEGAL NAME OF BUSINESS: \_\_\_\_\_

FULL BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ CELL/FAX NUMBER: \_\_\_\_\_

STATE OR FEDERAL TAX ID #: \_\_\_\_\_

NAME OF SALES PERSON(S): \_\_\_\_\_

ANNUAL LICENSE OR DAILY LICENSE (must select one)

FOR DAILY LICENSE, PROVIDE THE DATES INTENDED TO CONDUCT BUSINESS: \_\_\_\_\_

(Maximum of 14 consecutive days allowed)

SET UP LOCATION/ADDRESS OF BUSINESS: \_\_\_\_\_

ITEMS/PRODUCTS FOR SALE: \_\_\_\_\_

\_\_\_\_\_  
**(Must provide all information available on the items/products for sale including brochures, materials etc...)**

DESCRIPTION OF VEHICLE USED IN CONJUNCTION WITH BUSINESS:  
(YEAR, MAKE, MODEL, LICENSE PLATE NUMBER, VEHICLE REGISTRATION INFORMATION & VIN)

LIST OF 3 MOST RECENT LOCATIONS WHERE APPLICANT HAS CONDUCTED BUSINESS AS A PEDDLER OR TRANSIENT MERCHANT (if applicable):

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

A WRITTEN PERMISSION OF PROPERTY OWNER OR THE PROPERTY OWNER'S AGENT FOR ANY PROPERTY THAT WILL BE USED BY TRANSIENT MERCHANT (must circle one): N/A or Written Permission

PROOF OF ANY COUNTY LICENSE (if applicable): \_\_\_\_\_

HAVE YOU BEEN CONVICTED WITHIN THE LAST FIVE YEARS OF ANY FELONY, GROSS MISDEMEANOR OR MISDEMEANOR FOR VIOLATION OF ANY STATE OR FEDERAL STATUES OR ANY LOCAL ORDINANCE, OTHER THAN TRAFFIC OFFENCES (must circle one): YES OR NO

*By signing below, I authorize the City of Wabasha to perform a driver's license records check.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\*Wabasha County Background Check Authorization must be completed for each individual and a copy of a valid driver's license must be supplied. Expired driver's license will not be acceptable\*\***

\*\*\*\*\*

**CITY USE ONLY:**

DRIVERS LICENSE CHECK CONDUCTED BY WABASHA POLICE DEPARTMENT ON: \_\_\_\_\_  
DATE

APPROVAL BY CITY COUNCIL: \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDITIONAL INFORMATION NEEDED REQUESTED BY COUNCIL: \_\_\_\_\_

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

\_\_\_\_\_  
CITY CLERK/DEPUTY CLERK-SIGNATURE

\_\_\_\_\_  
DATE

**IF THERE IS MORE THAN ONE SALESPERSON,  
PLEASE PROVIDE ALL INFORMATION REQUIRED ON AN ADDITIONAL PAGE**

NAME OF ADDITIONAL SALESPERSON: \_\_\_\_\_

FULL LEGAL NAME OF SALESPERSON: \_\_\_\_\_

FULL PERMANENT HOME ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NUMBER (SALESPERSON): \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

DESCRIPTION OF VEHICLE USED (YEAR, MAKE, MODEL, and LICENSE PLATE NUMBER & VIN:  
\_\_\_\_\_

*I authorize the City of Wabasha to perform a driver's license records check.*

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



*Eagle Capital of America*

**BACKGROUND CHECK AUTHORIZATION**

I authorize the Minnesota Bureau of Criminal Apprehension to provide the Wabasha Police Department/Wabasha County Sheriff's Office with any criminal history information for the purpose of obtaining employment with the City of Wabasha.

This authorization expires one year from the date of my signature.  
Minors must have a parent/guardian signature.

**\*\*INCLUDE COPY OF DRIVERS LICENSE\*\***

Date:

Signature:

Printed Name:

Address:

Date of Birth:

Social Security Number:

Driver's License Number:

If Minor-Parent/Guardian  
Signature Required

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_