



Walker

City on the Bay

City Administration

205 Minnesota Ave

PO Box 207

Walker, MN 56484

Phone: (218) 547-5501 Fax: (218) 547-5513

LICENSE TYPE: PER DIEM LICENSE

Circus/Menageries Fee: \$100.00

Circus: A traveling company of acrobats, trained animals, and clowns that gives performances, typically in a large tent, in a series of different places. **Menageries:** A collection of wild animals kept in captivity for exhibition or a strange or diverse collection of people or things.

Small Shows/Exhibitions Fee: \$25.00

Small Shows/Exhibitions in separate tents or enclosures, whether connected with a circus or menagerie or otherwise.

Solicitor/Peddler/Other: \$50.00

Peddler/Solicitor/Hawkers/Transient Merchant/Vendor Fee: \$50.00
Peddler/Solicitor: A person who offers merchandise or services for sale door-to-door, including house-to-house, business-to-business, street-to-street, or any other type of place-to-place movement. **Hawkers:** A person, who travels around selling goods, typically advertises them by shouting. **Transient Merchant/Vendor:** A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of selling goods. Delivery and payment occur immediately.

Non-Commercial Advocate: A person who disseminates religious, political, social, or other ideological beliefs. **No registration or license is required.**

APPLICATION CHECKLIST

- ✓ **License Application:** Please allow for 14 days processing prior to conducting business
- ✓ **Photo ID:** Attach a color copy of a driver's license or government issued photo ID
- ✓ **Written Permission of Property Owner:** If you are a Transient Merchant
- ✓ **Fee:** Circuses/Menageries- \$100.00; Small Shows/Exhibitions-\$25.00; Solicitor/Peddlers-\$50.00
- ✓ **\$1,000 Bond or Certified Check**

BACKGROUND INFORMATION

Applicant's Full Legal Name		Circus/Menageries	
All other names you have used or conducted business under (First, Middle, and/or Last)		Peddler/Solicitor	
		Transient Merchant	
		Non-Comm Advocate	
Residence Address	City	State	Zip
Local Address (If residence address is out of state)	City	State	Zip
Social Security or Individual Tax ID	E-Mail	Phone Number	



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COMPANY INFORMATION			
Name of Business/Company		Phone Number	
Company Address	City	State	Zip
Company Manager's Name	Manager's E-mail Address	Manager's Phone Number	
Describe in detail the type and brand name of the merchandise or services for sale:			
List the last 3 locations where you have worked as a peddler, solicitor, and transient merchant or non-commercial advocate:			
Have you ever had a business license denied or revoked by any government entity? If yes, indicate the date of denial/revocation, government agency, and reason for denial/revocation:		Yes	No
VEHICLE INFORMATION			
Year	Make	Model	
Color	License Plate	Last 6 digits of VIN	
Year	Make	Model	
Color	License Plate	Last 6 digits of VIN	
Year	Make	Model	
Color	License Plate	Last 6 digits of VIN	



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DATES and LOCATION INTENDNING TO CONDUCT BUSINESS

Start Date	End Date	
Location where business will be conducted		Phone Number While Conducting Business

BACKGROUND CHECK

Have you ever been convicted of a felony gross misdemeanor, misdemeanor, or ordinance violation for violating any federal, state, or local ordinances other than a minor traffic offense within the last ten years?

Yes No N/A – Solicitors

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Peddler License, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse; our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provide is public and will be used by the Cass County Sheriff's Office, the Walker City Council, and/or the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory.

Signature: _____ Date: _____

CONSENT

The data you furnish on the application will be used by the City of Walker to assess your qualifications for licensure. Disclosure of the information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Walker may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury, under the laws of the State of Minnesota, that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.

Signature: _____ Date: _____

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Licensing Authority (name of city, county, or state agency issuing license):			
License Renewal Date:			

PERSONAL INFORMATION:			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

BUSINESS INFORMATION:			
Business name			
Business address	City	State	Zip Code
Minnesota tax identification number	Federal tax identification number		
If a Minnesota tax identification is not required, please explain on the reverse side of this form.			

Applicant Signature:

Signature Title Date



CC0515

Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

E-mail: dli.license@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Directions: <http://www.dli.mn.gov/Direct.asp>
Phone: (651) 284-5034

PRINT IN INK or TYPE.

Minnesota Statutes, 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees) Explain why your employees are not covered:
- _____
- Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.