



Peddler/Solicitor/Transient Merchant Application

Permit Type: _____ Peddler _____ Solicitor _____ Transient Merchant

License Duration: _____ 14 days _____ 30 days _____ 60 Days _____ 90 days _____ Annual
[\$50.00] [\$75.00] [\$125.00] [\$175.00] [\$500.00]

Business will be conducted from _____ to _____.

APPLICANT INFORMATION:

Name(s): _____ Birth Date: _____

Names or aliases under which applicant conducts business: _____

Address: _____

Phone Number(s): _____

Email Address: _____

INFORMATION ON BUSINESS:

Business Name: _____

Business Address: _____

Business Related Phone Numbers: _____

Description of the nature of the business and the goods to be sold: _____

Names of all persons conducting business in St. Joseph for the company/person so licensed, permitted or registered: _____

List the three most recent locations where you have conducted business as a peddler, solicitor, or transient merchant: _____

Signature and written permission of the property owner or the property owner's agent for any property to be used by a transient merchant: _____

Signature

Printed Name

VEHICLE INFORMATION:

Year/Make/Model of Vehicle Used: _____

VIN Number: _____ License Plate Number: _____

CRIMINAL INFORMATION:

Have you been convicted within the last five years of a FELONY, GROSS MISDEMEANOR, OR MISDEMEANOR for violation of any state or federal statute or any local ordinance, other than traffic offences? _____ Yes _____ No

If yes, state the nature of the offense and punishment or penalty assessed: _____

I, the undersigned, do give permission to have a criminal history check as well as a driver's license check done on me. I do understand that failure to sign below will prevent this from occurring and that the approval of my peddler/solicitor/transient merchant permit will be denied.

Signature of Applicant: _____ **Date:** _____

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|--------------------------------|----------------------|-------------|
| OFFICE USE ONLY | | |
| Application Received By: _____ | Date Received: _____ | |
| _____ Fee Paid | Approved by: _____ | Date: _____ |

❖ **Submit completed applications to City Offices, 75 Callaway St E, St. Joseph, MN 56374**