| Application | for Ped | dlers – Solic | citors – Trar | sient Merchants |
|-------------|---------|---------------|---------------|-----------------|
|-------------|---------|---------------|---------------|-----------------|

|                                                                                                                                                                                                                                                                        | Dequinementer                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                                                           |                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Solicitors, Peddlers &<br>Transient Merchants shall<br>not conduct business<br>between the hours of<br>9:00 p.m. and 7:00 a.m.<br>every day of the week.<br>No Peddler or Solicitor<br>shall enter any premises<br>where a sign prohibiting<br>solicitation is placed. | <ul> <li>Requirements: <ul> <li>Registration Fee \$25 1<sup>st</sup> d</li> <li>Application <u>must</u> be presen approved)</li> <li>Written permission from ov</li> <li>Credentials establishing relancessary)</li> <li>A copy of your driver's lice</li> <li>Allow a 24-hour processing</li> </ul> </li> <li>Olivia Police Department will be</li> </ul> | ted in person (the<br>wner/agent of pro<br>ationship to empl<br>nse will be taker<br>g period necessar | ose sent via e-mail, fax<br>operty to be used by tra<br>loyer/supplier (if repres<br>n when application is to<br>y prior to Soliciting or | a or US Mail will not be<br>unsient merchant.<br>senting self, credentials not<br>urned in to the City<br>Peddling |
| Last                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            | 1 1150                                                                                                 |                                                                                                                                           | Wildle                                                                                                             |
|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                                                                                           |                                                                                                                    |
| All other Names un                                                                                                                                                                                                                                                     | der which the applicant condu                                                                                                                                                                                                                                                                                                                              | cts business or                                                                                        | to which applicant                                                                                                                        | t officially answers.                                                                                              |
| Sex: M F Hair c                                                                                                                                                                                                                                                        | color Eye colo                                                                                                                                                                                                                                                                                                                                             | r Heig                                                                                                 | zht Weight                                                                                                                                |                                                                                                                    |
|                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                                                                                           |                                                                                                                    |
| Distinguishing marks and                                                                                                                                                                                                                                               | l features, and the like                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                                                                                                           | age                                                                                                                |
| D.O.B.                                                                                                                                                                                                                                                                 | Home phone no.                                                                                                                                                                                                                                                                                                                                             | Ε                                                                                                      | Business phone no.                                                                                                                        |                                                                                                                    |
| Permanent home address (must be the same as that listed on driver's license):                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                                                                                           |                                                                                                                    |
| Street                                                                                                                                                                                                                                                                 | City                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        | State                                                                                                                                     | Zip                                                                                                                |
|                                                                                                                                                                                                                                                                        | cant's permanent residence                                                                                                                                                                                                                                                                                                                                 |                                                                                                        |                                                                                                                                           |                                                                                                                    |
| Local address:Street                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                            | City                                                                                                   | State                                                                                                                                     | Zip                                                                                                                |
| · ·                                                                                                                                                                                                                                                                    | nd all business operations own                                                                                                                                                                                                                                                                                                                             | C                                                                                                      |                                                                                                                                           |                                                                                                                    |
| Full address of applicant                                                                                                                                                                                                                                              | 's regular place of business (if an                                                                                                                                                                                                                                                                                                                        | ny)                                                                                                    |                                                                                                                                           |                                                                                                                    |
| Any and all business rela                                                                                                                                                                                                                                              | ted telephone numbers of the ap                                                                                                                                                                                                                                                                                                                            | plicant                                                                                                |                                                                                                                                           |                                                                                                                    |
| Type of business for whi                                                                                                                                                                                                                                               | ch the applicant is applying for a                                                                                                                                                                                                                                                                                                                         | license:                                                                                               |                                                                                                                                           |                                                                                                                    |
| Applicant applying for a                                                                                                                                                                                                                                               | n annual or daily license: (annua                                                                                                                                                                                                                                                                                                                          | l/calendar year)                                                                                       | (daily) nu                                                                                                                                | umber of days                                                                                                      |

If Transient Merchant, local address from which proposed sales will be made:

| Street                                                       | City                                                                  | State                              | Zip              |
|--------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|------------------|
| Business description and produ                               | ct or services involved:                                              |                                    |                  |
| Name and address of employer                                 | or supplier of applicant: (Name)                                      |                                    |                  |
| Street                                                       | City                                                                  | State                              | Zip              |
| Date(s) of selling or soliciting:<br>(maximum 14 consecutive | days)                                                                 | rs of selling or soliciting        |                  |
|                                                              | hone numbers where the applican<br>tion where a transient merchant ir |                                    | cting business   |
| Address                                                      | phone number(s)                                                       |                                    |                  |
| Source of supply of goods or pa                              | roducts to be sold:                                                   |                                    |                  |
| Location of goods or products at                             | time application is filed:                                            |                                    |                  |
| Description of vehicle used in b                             | pusiness                                                              |                                    |                  |
| Vehicle License No.:                                         | Method of delivery                                                    |                                    |                  |
| Have you ever been convicted                                 | of a crime, misdemeanor, or non-                                      | traffic violation? (if yes, give c | letails)         |
|                                                              |                                                                       |                                    |                  |
|                                                              | to exceed 3) where you have carriers (es) from which business was     |                                    | the date of this |
|                                                              |                                                                       |                                    |                  |
|                                                              |                                                                       |                                    |                  |
| 3                                                            |                                                                       |                                    |                  |

Provide proof of County or State license, if a license is required by the County or State for the type of business To be conducted.

Written permission from the property owner or the property owner's agent for any property to be used by a transient merchant, must be attached to this application.

The Minnesota Data Practices Act requires that you be advised of the following information: As an applicant for a permit in the city limits of Olivia, you are being asked to provide private data about yourself which will be used to check various databases to determine your eligibility.

You may refuse to provide this information; however, should you refuse, the driver's license check cannot be completed and your application will not be processed. Providing the information will permit the driver's license check to be completed.

The result of the check may be either affirmative or negative. The information you provide may be shared with other law enforcement agencies, via court order or as otherwise authorized or required by law.

| I HAVE READ AND UNDERSTAND THE ABOVE DATA PRAC   | TICES ADVISORY FURTHERMORE; I HEREBY |
|--------------------------------------------------|--------------------------------------|
| CERTIFY THAT THE ABOVE INFORAMTION IS TRUE AND C | ORRECT TO THE BEST OF MY KNOWLEDGE.  |
| APPLICANT SIGNATURE:                             | DATE:                                |

## Application is considered DENIED if NOT fully completed.

## **City Offices Use ONLY**

- Application submitted in person (not via e-mail, fax, or US mail)
- \_\_\_\_\_ Registration fee paid \$25.00 +\$1 day thereafter

## PERMIT VALID DATES

Copy of driver's license taken

\_\_\_\_ am and \_\_\_\_pm ONLY

Police Chief Approval

Date

City Approval





## **TRANSIENT MERCHANT PERMIT**

| Issued To:          | <b>R &amp; D Concessions</b><br>David & Rhonda Sampson |
|---------------------|--------------------------------------------------------|
|                     | CORN CAPITAL DAYS                                      |
| Site Address:       | 805 Park Ave East, (Nester Park)<br>Olivia, MN 56277   |
| Valid Permit Dates: | Saturday, July 30, 2016                                |
| Hours of Operation: | 8:00 a.m. thru 5:00 p.m.                               |
|                     |                                                        |

Issue Date: May 24, 2016

Mary Jo Halliday, Deputy Clerk

Menu: Food & beverage vendor (mini-donuts)