



City of Apple Valley  
 7100 147th Street W.  
 Apple Valley, MN 55124  
 (952) 953-2500

**PEDDLER OR SOLICITOR  
 LICENSE APPLICATION**  
*Non-Charitable Organization*

Applying for:  Annual License (\$132 - thru Dec. 31st)  Temporary License (\$84 - up to 14 days)

Type of business:  Peddler (goods/services delivered immediately)  Solicitor (goods/services delivered at later date)

**Business Information**

Representing or soliciting for \_\_\_\_\_  
 Name of business, employer, or supplier

Business address \_\_\_\_\_  
 Street City State Zip

Business phone \_\_\_\_\_ Business contact name: \_\_\_\_\_

Description of items to be sold or services to be provided \_\_\_\_\_

Are you employed by the business? If yes, provide MN Business Tax ID Number.

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7-digit no.

**(OR)**

Are you an independent contractor for the business?

**Yes**  **No**

**Personal Information of Applicant**

Legal name of applicant \_\_\_\_\_  
 First Middle Last

Permanent address \_\_\_\_\_  
 Street City State Zip

Current address (If different) \_\_\_\_\_  
 Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number (required per MN Stat. § 270C.72)

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List three (3) most recent locations where you have conducted business as a solicitor or peddler \_\_\_\_\_

Description of vehicle and license number used when peddling/soliciting \_\_\_\_\_

*Chapter 114 of the Apple Valley Code of Ordinances states conviction within the last five (5) years for violation of any federal or state statute or regulation, or of any local ordinance, which adversely reflects on the applicant's ability to conduct the business for which the license is being sought in an honest and legal manner is grounds for denying a license. Violations shall include but are not limited to burglary, theft, larceny, swindling, fraud, unlawful business practices, and any form of actual or threatened physical harm against another person.*

**Have you been convicted of ANY felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance, other than a minor traffic offense?**

*If yes, provide date, place, and offense on reverse side of this application.*

**Yes**  **No**

**Have you had a peddler, solicitor, or transient merchant license revoked within the last five (5) years? If yes, provide date and place on reverse side of this application.**

**Yes**  **No**

## Workers' Compensation Insurance

Provide workers' compensation insurance coverage as required by Minnesota law (per MN Stat. § 176.181).

Insurance company name (not the agent) \_\_\_\_\_

Policy number or self-insurance permit number \_\_\_\_\_

Dates of coverage \_\_\_\_\_

**(OR)**

I am NOT required to have workers' compensation liability coverage because:

- I have no employees covered by the law       Other \_\_\_\_\_

## Notice and Notarized Signature

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at [www.cityofapplevalley.org](http://www.cityofapplevalley.org).

I, the undersigned, hereby certify that the foregoing information in this application, furnished by me, is true and correct to the best of my knowledge. I further understand that providing any false information on this application will be cause for denial. If application is denied, a one-year waiting period is required before applying for a new license.

I, the undersigned, authorize the City to conduct a background investigation pursuant to City Code § 114.03 (E).

The information requested on this form will be used by the City of Apple Valley in the issuance of your license. The information that you supply on this form will become public information when received by the City of Apple Valley. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

Subscribed and sworn to before me this

**X** \_\_\_\_\_ day of \_\_\_\_\_, 2020.

Applicant Signature

Printed Name

Notary Public

**Attach photocopy of identification.**

Note: If application is approved, the license will be mailed to applicant's current address.

<i>01/2020</i>	<i>Office use only</i>	<i>Code 1001.4036</i>
Date rec'd/paid	Amount \$	Receipt #
Approve/Deny	License #	Temporary dates