



**Miscellaneous Information: All questions must be answered to be considered for issuance**

What is the source of supply of any goods or property to be sold? \_\_\_\_\_

Where are these goods located during the time of application? \_\_\_\_\_

What is the proposed method of delivery? \_\_\_\_\_

During what period of time will the applicant conduct the activities outlined in this application? \_\_\_\_\_  
**(Permissible hours are between 9:00 a.m. and 8:00 p.m.)**

List the last three (3) municipalities where these activities occurred, including addresses, if applicable:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In the last five years, have you ever been convicted of any felony, gross misdemeanor or misdemeanor for which a jail sentence may have been imposed?  Yes  No If yes, list details \_\_\_\_\_

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

I authorize the City of St. Louis Park to complete a background check for the purpose of obtaining a license as described in City Ordinance Section 8-572. By signing this consent form, I release the City of St. Louis Park from any and all actions and causes of action, of every kind and nature whatsoever, past, present and future, arising out of the release of the information obtained with this consent.

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of St. Louis Park code. Any violations may result in the suspension or revocation of the license.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**City of St. Louis Park Police Department 3015 Raleigh Ave. s., St. Louis Park, MN 55416 952-924-2600 Fax 952-924-2676**

**MUST INCLUDE A READABLE COPY OF A GOVERNMENT ISSUED PICTURE ID WITH CURRENT ADDRESS FOR EACH PERSON LISTED ABOVE.**

A copy of the application and license is kept on file at the SLP Police Department.

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City Staff to Complete

Date: \_\_\_\_\_ Fee Pd: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Charge: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

\_\_\_\_\_ ID Photocopy \_\_\_\_\_ Criminal History Check \_\_\_\_\_ BBB Check

\_\_\_\_\_ Company/Corporation Info. \_\_\_\_\_ Municipal Activity Check \_\_\_\_\_ Workers Comp.Certificate

\_\_\_\_\_ Non-profit 501.c Paperwork \_\_\_\_\_ LOGIS entered

**APPLICATION FOR WAIVER OF SOLICITOR LICENSE FEE: INTERSTATE COMMERCE**

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Business Name (Cannot be located in Minnesota): \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State ZIP

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_

Item (s) being sold: \_\_\_\_\_

If all the following elements fit the situation of the above applicant that applicant does not have to pay a license fee:

- 1) Solicitors do not have goods with them as they go house-to-house selling those goods.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Goods to be sold are not warehoused within the State of Minnesota.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Individual soliciting is an agent of a corporation not located in Minnesota.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Goods are produced and shipped from a state other than Minnesota.  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Goods are delivered to the purchaser in the original package as sent from the other state.  
Yes \_\_\_\_\_ No \_\_\_\_\_

“ I declare under the penalties of perjury that I have read the above statements and the answers are true of my own knowledge.”

\_\_\_\_\_  
(Signature of Partner/Officer)

\_\_\_\_\_  
(Date)

This application needs to accompany completed application for registration of Peddler, Solicitor or Transient Merchant



Recommendation of Police: Approve fee waiver \_\_\_\_\_ Deny fee waiver \_\_\_\_\_

Corporation/Company Information attached.

# Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

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: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit 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.