CITY OF RAMSEY
APPLICATION FOR PEDDLER / SOLICITORS LICENSE

License application review and approval process may take up to ***2 weeks***. Business licenses and/or ID badges are issued upon approval by City Council. Refer to City Code Chapter 26 for ordinance details. Tax ID required per MN Statute 270C.72. Incomplete applications *will not* be accepted. Approved licenses are valid until December 31st. A new application must be submitted annually.

Enclose with this application:

License Year: _____

- License fee of $350 (per person) + Background check fee $35 (per person)
- Completed and signed Request for Background Check Information form
- Color copy of Driver's license or government-issued ID
- Certificate of workers' compensation insurance
- Recent color photo for ID badge
- Food peddlers only: copy of Anoka County food license or MN Department of Agriculture

1) **FULL** Name of Business: _____

2) Address of Business: _____
Street City State Zip

3) Business Type: ☐ Individual ☐ Business ☐ Corporation ☐ Partnership ☐ Other _____

4) Applicant's **FULL** Name: _____
Last Name First Name Middle

5) Applicant's Position with Company: _____

6) Applicant's Address: ☐ Same as Business or

_____
Street City State Zip

7) Business Phone Number: _____ Cell Phone Number: _____

8) Email Address: _____

9) Minnesota Tax Identification No.: _____

10) Federal Tax Identification No.: _____

11) Has applicant been convicted of a crime (other than a traffic violation) within the last ten (10) years? ☐ Yes ☐ No
If Yes, list offense(s) with dates & locations:

_____

_____

12) Has applicant taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? ☐ Yes ☐ No If yes, explain:

_____

13) Brief description or nature of business and goods to be sold:

_____

a. Source of supply/method of delivery: _____

14) Days & times in which business will be conducted (*allowed Sun-Sat 9am-9pm*): _____

15) List other cities you have held licenses or conducted business in: _____

_____

16) List below **FULL** names of all employees other than the above applicant who will be selling these goods in the City of Ramsey:

_____

_____

_____

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted. Business activities are not allowed until approved by City Council and license is issued. Failure to adhere may risk up to $250 fine and/or immediate denial of future applications.

Applicant's Signature: _____ Date: _____

----This license will expire on December 31st----

Return completed application and requested information along with the fee to:

City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303

Make check or money order payable to "City of Ramsey"
VISA, MasterCard, Discover accepted.

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. **Insurance Company Name**: _____
   (NOT the insurance agent)

   Policy Number: _____

   Dates of Coverage: _____

OR

2. **I am not required to have workers' compensation liability coverage because:**

☐ I have no employees covered by the law.

☐ I am self-insured (include permit to self-insure)

☐ I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: _____

Signature: _____ Date: _____

CITY OF RAMSEY
TENNESSEN WARNING

The City of Ramsey has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Ramsey.

2. You are not legally obligated to supply the requested information.

3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.

4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.

5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03, or subject to such other exceptions as are provided by law. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.

6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.

7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

_____ _____

Date Signature

_____

Print Name

CITY OF RAMSEY

REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

***Please print legibly – All Fields MUST Be Completed** (Enter "N/A" if not applicable)*

Type of License Applied For:

□ *Peddler/Solicitor* □ *Transient Merchant* □ *Massage* □ *Tobacco* □ *Liquor* □ *Other:* _____

Business Name: _____

Business Address: _____

Applicant Information: *Address on ID must match address listed below.*

Driver's license, State ID, or Military ID Number (a*ttach color copy*): _____

Full Name: _____ Date of Birth: _____
First Middle Last

Phone (*daytime*): _____ Sex: _____ Race: _____

Local Address: _____ MN _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

_____ _____
Applicant Signature *Date*

FOR OFFICE USE ONLY

Checks: □ MN Criminal History □ Local Police Records

Comments: _____

Background Check Processed by: _____ Date: _____

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