



# Peddlers, Solicitors and Transient Merchants Permit Application

*It is unlawful for any peddler, solicitor, or transient merchant to engage in any business, solicitation, or activities as described in section 58-1 within the city without first obtaining a permit therefor in compliance with the provisions of this article.*

## Company Information:

Name of Company or Organization: \_\_\_\_\_

Is this a Non-Profit Organization: Yes  No  MN Sales Tax Permit # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Applicant:** Applicant will receive all correspondence from the City.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

## Person Supervising Activity:

Name: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Description of Activity:** Nature of the business/description of goods to be sold.

\_\_\_\_\_

**Location of Sales:** If sales are being conducted from a specific location, you must obtain written consent of the property owner and provided it to the City.

\_\_\_\_\_

## Vehicle(s) used in activity:

Make and Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Make and Model \_\_\_\_\_ License Plate # \_\_\_\_\_

Make and Model \_\_\_\_\_ License Plate # \_\_\_\_\_

**Requested Length of Permit:** (30 days maximum) \_\_\_\_\_

## References:

Please provide name of three municipalities where you conducted business as a peddler, solicitor, or transient merchant.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please provide name and address of three references who will certify as to the applicants good character and business responsibility.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Information on Individuals:** Please list name and address of all peddlers, solicitors, and transient merchants that will be conducting business in the City of Hugo. Attach a photocopy of picture ID and signed authorization to release background check information.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*I, the undersigned, being a duly authorized representative of the above named organization hereby certify that the above statements are true and correct. I am aware that any misrepresentation herein will be the basis for automatic rejection of this application. I have been provided a copy of the City Ordinance and am willing to comply herewith, and am aware that failure to comply with this Ordinance will result in forfeiture of the license for which I am applying.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only

Fee Paid \_\_\_\_\_ Date \_\_\_\_\_

The application has been rejected by the City of Hugo for the following reason(s):

\_\_\_\_\_

This application has been approved by the City of Hugo with attached conditions.

The application has been approved by the City of Hugo.

Permit expires \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Solicitor, Peddler, or Transient Merchant must carry a copy of this signed permit with them at all times while doing business in the City of Hugo.**