



## Peddler/Solicitor License Application

### APPLICATION CHECKLIST

- Fee: \$150 per peddler/solicitor going door-to-door. (*Fee includes background investigation fee.*)
    - The person completing section 1 of the application (business representative) is not required to pay a fee unless that person is also applying to go door-to-door.
  - All applicants applying for a peddler/solicitor license to go door-to-door must submit the application in person to have photograph taken for creation of a peddler/solicitor picture identification card.
  - The following documentation must be attached to the application:
    - A copy of all documents to be used by the applicant for advertising, such as pamphlets and brochures.
    - Credentials from the person for which the applicant proposes to do business authorizing the applicant to act as such representative.
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### DIRECTIONS FOR COMPLETING APPLICATION

**SECTION 1** of this application must be completed by a business owner or person managing the business.

**SECTION 2** of this application must be completed by the business owner or person managing the business AND each individual applying to go door-to-door.

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### PLEASE NOTE

- The background investigations typically average two or three weeks to complete so please allow ample time as a permit will not be issued until the background investigation is complete.
- A license, unless revoked, is for the calendar year or part thereof for which it has been issued. License fees are not prorated.



14. Length of time applicant intends to do business in the city, including dates and times (*please see ordinance for soliciting time guidelines*): \_\_\_\_\_  
\_\_\_\_\_

15. Nature, character, and content of advertising (include copies of documents used by applicant such as pamphlets and brochures): \_\_\_\_\_

16. Description of any vehicles to be used for sales purposes: (*attach additional sheet if necessary*)

Make	Model	Year	Color	License Number	State
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

17. Has the company had a registration, license, or identification card for solicitation denied or revoked by the city or any other governmental body within three years prior to this application date?

Yes     No

If yes, where? \_\_\_\_\_

18. Please list the last three municipalities where you conducted business:

Municipality	Dates of Permit
_____	_____
_____	_____
_____	_____

19. List the names and addresses of each person who will be registered under this license. Each individual who will be peddling/soliciting is required to complete Section 2 of this application. *Attach additional sheets if necessary.*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Have you or any applicant applying under this license ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law, involving activities licensed under this article? If so, list the nature of the offense and the punishment or penalty assessed therefor (*attach additional sheets if necessary*): \_\_\_\_\_  
\_\_\_\_\_

21. Are you, as the business representative, planning on peddling/soliciting door-to-door?  Yes  No  
*If answer is no, there is no fee and you will not be issued a license.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Certificate of Compliance

## Minnesota Workers' Compensation Law

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)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIPCODE

**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

**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.

Number 1, 2, or 3 MUST be completed



## Indemnification Agreement

The following Agreement must be signed by an authorized business owner, partner, or corporate officer of the company.

In consideration for the grant of this license by the City of Elk River, the undersigned licensee agrees as follows:

**1. OBSERVANCE OF LICENSE AND ALL LAWS.** The undersigned shall faithfully observe, keep and obey all terms and conditions of the license or permit, and all laws, rules and ordinances of the City of Elk River relating to the license or permit, now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules and regulations of any other governmental entity including county, state and federal regulations which may apply to the license or permit.

**2. VIOLATION.** Upon the violation of any of the terms and conditions of the license or permit, or any other law, regulation or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license or permit.

**3. INDEMNIFICATION.** The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, loss damages or cost and expense arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. This agreement to indemnify and hold the City harmless shall include any costs incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

\_\_\_\_\_  
Name of Licensee (Business Name)

\_\_\_\_\_  
Signature of Business Manager/Supervisor

\_\_\_\_\_  
Printed Name of Business Manager/Supervisor

Date: \_\_\_\_\_





## Background Investigation Consent Release Information to be Used for Business License Processing

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: \_\_\_\_\_ Type of License Applied for: \_\_\_\_\_

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

List All Aliases/Previous Last Names: \_\_\_\_\_

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

A copy of your driver's license/state ID must be attached (front and back)

Driver's License/State ID#: \_\_\_\_\_ State Issued: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Physical Appearance: Sex: \_\_\_\_\_ Race \_\_\_\_\_ Ht \_\_\_\_\_ Wgt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor?  Yes  No

If yes, state jurisdiction, type of violation, and disposition: \_\_\_\_\_  
\_\_\_\_\_

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Background Investigation:  Approved  Denied

Comments: \_\_\_\_\_  
\_\_\_\_\_

Police Chief/designee: \_\_\_\_\_ Date: \_\_\_\_\_



## Tennessee Warning Application for Business License

In connection with your request for a license the City of Elk River has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the city is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

*By signing below, I acknowledge that I have read and understand the contents of this notice.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

### **Notice to all license applicants - proposed ordinances**

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at [www.ElkRiverMN.gov](http://www.ElkRiverMN.gov). This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.