

Business Trade Name:

Business Address:

City, State and Zip Code:

Applicant Name:

\* Individual, Corporation, Partnership, or Other Legal Entity

Applicant Address:

City, State and Zip Code:

Telephone:

Email:

\* For purposes of this chapter, the applicant is the entity directing business activity and collecting and paying applicable taxes on such activity, even if the individuals conducting the activity are considered independent contractors by the entity.

Indicate the business activity you are applying for:

**Solicitor No Fee Registration**—A person who goes from place-to-place attempting to sell goods or services for which delivery or performance occurs at a later time.

**Peddler \$100.00 License Fee**—A person who goes from place-to-place attempting to sell goods or services for which delivery or performance occurs immediately.

**Transient Merchant \$100.00 License Fee**—A person who temporarily sets up business at a stationary location attempting to sell goods or services.

The terms “peddler” and “solicitor” shall not apply to:

- (A) Any person selling or attempting to sell at wholesale any product to a retail seller of that product.
- (B) Any person making deliveries on an established delivery route.
- (C) Any person making deliveries of publications to the community at large.
- (D) Any person conducting the type of sale commonly known as garage sales, rummage sales, or estate sales.
- (E) Any person conducting an auction as a properly licensed auctioneer.
- (F) Any officer of the court conducting a court-ordered sale.

1. List the full legal names of all business operations owned, managed, or operated by the applicant, or for which the applicant is an employee or an agent, and all other names under which the applicant has or does conduct business, or to which the applicant officially answers to:

2. List the local address, email address and telephone number(s) where the applicant or authorized representative can be reached while conducting business in the city:
  
3. List the dates the applicant intends to conduct business:
  
4. Provide a general description of the items to be sold or services to be provided:
  
5. List the three (3) most recent locations where the applicant has conducted business as a peddler, solicitor, or transient merchant:
  
6. To the best of your knowledge, has the applicant, or any individual proposing to operate on behalf of the applicant, been convicted within the last five (5) years of any felony, gross misdemeanor or misdemeanor for violating any state or federal statute or any local ordinance, other than minor traffic offenses? If yes, please explain.
  
7. For each individual proposing to operate under the license or registration, provide a photocopy of their driver's license or other photo identification and a completed general authorization and release of private data form.
  
8. Transient Merchants: Provide proof of any required county license.
  
9. Transient Merchants: Provide the address and written permission of the property owner or authorized representative for your proposed business location.

**Important**

Minnesota Tax ID Number:

Federal Employer Identification Number:

The MN Department of Revenue has requested that we provide MN Tax ID and Federal Employer Identification Numbers to them per Minnesota Statute 270C.72. Please enter your numbers above. If you are an individual applicant without a MN Tax ID Number or Federal Employer Identification Number, please enter your Social Security Number here:

I certify that the information provided is true and correct, and hereby agree to operate said business in accordance with the laws of Minnesota and the City Code of the City of Cottage Grove.

Applicant Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

City of Cottage Grove  
Department of Public Safety

General Authorization and Release of Private Data

I hereby authorize and grant my informed consent to permit the Minnesota Bureau of Criminal Apprehension to release and to make available to the City of Cottage Grove, Minnesota, and/or its agents and/or representative of the following types of private data:

- Criminal History
- Driver's License records for any and all states for which I have or currently am licensed
- Arrest Warrant information, including local, statewide and national sources of information

I understand my rights under Title 5, United States Code Section 552A, and the Minnesota Data Practices Act with regard to access and disclosure of Private Data. I hereby knowingly waive those rights with the understanding that information furnished will be used by the city of Cottage Grove in determining my suitability for licensure.

This authorization shall be valid for a period of one year. I reserve the right to cancel the written authorization at any time prior to the expiration, by providing written notice to the City of Cottage Grove of the fact.

I have provided some form of photo identification (ie. Driver's License, Passport) at time of application.

Full Name (First, Full Middle, Last)		Date of Birth	
Signature		Date	
Current Address			
City		State	Zip
Daytime Phone Number			
Email Address			



CC0515

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
Telephone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

CONTRACTOR'S LICENSE or REGISTRATION NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR REGISTRATION WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

### NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- 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: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.