

## License Requirements for Fireworks Transient/Itinerant Merchants

- Copy of valid Driver's License or State Issued ID of each applicant.
- Ice Cream Vendors – Copy of MN Dept of Agriculture Retail Mobile Food Handler License
- Every applicant must fill out the authorization for release of data form in order to complete the background check.
- Minnesota and Federal Tax Identification Numbers
- Submit Completed Application to City Clerks Office, City of Coon Rapids, 11155 Robinson Dr NW, Coon Rapids MN 55433**
- Issuance of license may take up to seven working days from receipt of application.
- Applicants must wear badge, approved by the City, with licensee's name and business/organization represented.
- Applicant must carry original or City initialed license on person at all times or prominently display the original City-issued license at the location of sale.
- No license fee for non-profit organizations, but will be subject to background investigation and fees
- Copy of Sales Slip/Receipt which includes:
  - Statement City does not endorse product or purpose for solicitation
  - Name, address, telephone number and contact name of business or organization represented
  - Agreed upon price including additional charges
  - Date for delivery of merchandise
  - Description of purpose for which the funds or property received will be used.
- Additional requirements for Fixed Location:**
  - Property owner/occupant permission including owner signature **on City form**.
  - Diagram showing size and location of temporary structure and sign.
  - Planning Department zoning, structure location, and temporary sign permit approval.
- Temporary Signs require a permit from the Community Development Department at 763-767-6430 (Located in City Hall):
  - Diagram showing size and location of temporary sign
  - One ground sign per location is permitted.
  - May not exceed 12 square feet in area.
  - May not be located in public right of way (including street median).
  - Must be set back one foot from public sidewalk or 18 feet from curb and 10 feet from property lines.
  - Signs may not be fastened to trees or utility poles.
  - Advertising upon or against any structure is subject to maximum sign area authorized.
- Fireworks Sales require site inspection by Fire Department.  
**Chemical Composition sheets must be provided for every type of fireworks offered for sale.**

If you have questions or need additional information, please contact the City Clerk's office at 763-767-6457 or 763-767-6432.

**Violations may be cause for suspension or revocation of license.**



**LICENSE APPLICATION**

- TRANSIENT/ITINERANT
- PEDDLER
- CANVASSER/SOLICITOR

License No. \_\_\_\_\_  
 Fee Paid \_\_\_\_\_  
 Receipt No. \_\_\_\_\_  
 Date \_\_\_\_\_  
 Valid ID provided

FULL NAME; \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 (First) (Middle) (Last)

PERMANENT HOME ADDRESS \_\_\_\_\_

DRIVERS LICENSE NO: \_\_\_\_\_ STATE OF ISSUE: \_\_\_\_\_ DAY TELEPHONE: \_\_\_\_\_

DESCRIPTION OF APPLICANT: Height \_\_\_\_\_; Weight \_\_\_\_\_; Hair Color \_\_\_\_\_; Eye Color \_\_\_\_\_

EMPLOYER'S NAME or NON-PROFIT ORGANIZATION \_\_\_\_\_

LOCAL ADDRESS OF BUSINESS \_\_\_\_\_

DESCRIBE THE NATURE OF BUSINESS, TYPE OF GOODS TO BE SOLD AND METHOD OF OPERATION:  
 \_\_\_\_\_  
 \_\_\_\_\_

DESCRIBE TYPE AND CONTENT OF ADVERTISING TO BE DONE: \_\_\_\_\_  
 \_\_\_\_\_

DATES AND HOURS OF OPERATION: \_\_\_\_\_  
 \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_ **OR** DOOR TO DOOR   
 (On reverse side of this application, you must receive written permission of the property owner for use of the premises and have them sign an agreement to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property. Also include a drawing showing size and location on the property of any temporary structure and temporary signs indicating distances from roadways, access points, other structures, parking or permanent signs.)

If applicant is serving as representative for a business, attach appropriate authorization to serve in this capacity.  Attached

MN BUSINESS TAX I.D. NO: \_\_\_\_\_ FEDERAL TAX I.D. NO: \_\_\_\_\_

ZONING OF PROPERTY TO BE OCCUPIED: \_\_\_\_\_ STAFF APPROVAL \_\_\_\_\_  
 (Certain zoning may require approval of a Conditional Use Permit from the Planning Commission) TEMP SIGN PERMIT \_\_\_\_\_

HAVE YOU VIOLATED ANY PROVISIONS IN THE COON RAPIDS CITY CODE DURING THE LAST TWO YEARS?  
 Yes;  No. If yes, please explain: \_\_\_\_\_

HAVE YOU **EVER** BEEN CONVICTED OF ANY CRIME, EITHER FELONY, GROSS MISDEMEANOR OR MISDEMEANOR?  
 Yes;  No If yes, state place, nature of offense and penalty assessed: \_\_\_\_\_

IF VEHICLE IS USED, DESCRIBE: \_\_\_\_\_  
 Vehicle License No. State of Issuance License Year Make/Model Color

VEHICLE INSURED COMPANY: \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

DATES OF COVERAGE \_\_\_\_\_

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

**License Fee:** \$10 per day; \$30 per week; \$60 per month; \$300 for six months

**Investigation Fee:** \$25 each applicant

**Copy of valid Driver's License or State Issued ID**

**Ice cream Vendors:** Copy of MN Agriculture Retail Mobile Food Handler License (Dan Vasser 651-201-6064)

**LOCATION OF TRANSIENT MERCHANT DOING BUSINESS FROM FIXED LOCATION**

A transient merchant doing business from a fixed location may not operate in any location where the operations might reasonably endanger the public safety or impede or inconvenience the public. All structures and vehicles must be located on a paved surface. All vehicles used must be parked off the public street and on a paved surface. Customer parking must be on a paved surface. No structures or vehicles used in conjunction therewith may interfere with designated fire lanes or access to other businesses. No landscaped area or bufferyard may be used for parking or for the storage or display of merchandise. No location within an existing parking lot shall reduce the number of parking spaces. All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license. Any articles not claimed within 30 days may be destroyed or disposed of at the discretion of the City. Any costs associated with clean up may be assessed against the property owner in the same manner as a special assessment.

In a drawing, show the size and location on the property of any temporary structure and temporary signs indicating dimensions and distances from adjoining roadways, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent signs and any other features:



**DRAWING OF PREMISES WHERE TRANSIENT MERCHANT WILL BE LOCATED**

**WRITTEN PERMISSION OF PROPERTY OWNER/OCCUPANT**

Before a transient merchant license will be issued, written permission from the property owner/occupant for use of the premises must be obtained.

I, \_\_\_\_\_ certify that I am the owner/occupant of the property located at \_\_\_\_\_

\_\_\_\_\_ and, give permission to \_\_\_\_\_ to operate a transient merchant business at this location on the dates requested and hereby agree to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property.

I understand that the days a Transient Merchant displays a temporary sign are deducted from the total allotment of sixty (60) days per calendar year for the property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**MINNESOTA WORKERS' COMENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

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 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, and 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
(NOT the insurance agent)

Policy Number: \_\_\_\_\_ Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

(OR)

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

- I have no employees.
- I am self-insured (include permit to self insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

\* \* \* \* \*

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_  
(last, first, middle)

Doing Business As: \_\_\_\_\_  
(business name if different than your name)

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

2008

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ITINERANT MERCHANT/PEDDLER/SOLICITOR/CANVASSER  
AUTHORIZATION FOR RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Coon Rapids is required to ask the information indicated below. This authorization expires one year from date of application.

PLEASE PRINT:

Full First	Middle	Last Name	Driver's License Number
Home Street Address			Date of Birth (MM/DD/YY)
City	State	Zip	Day Telephone Number
Organization Associated with			Evening Telephone

Have you **ever** been convicted of **any** crime, either felony or misdemeanor?  Yes;  No. If yes, state location, nature of offense and disposition:

Have you **ever** been convicted of **any** traffic offense?  Yes;  No. If yes, state location, nature of offense and disposition:

Have you violated any provisions in the Coon Rapids City Code during the last two (2) years?  Yes  No  
If yes, please explain \_\_\_\_\_

I, the undersigned, have made application with the City of Coon Rapids for an **ITINERANT MERCHANT/PEDDLER/SOLICITOR/CANVASSER LICENSE**. Realizing that the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

A photocopy of a **valid** driver's license or state issued ID must accompany this application.



SUPPLEMENTAL INVESTIGATION INFORMATION

---

Print Full Name

---

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_