



City of Coon Rapids
 Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

2020 License Application Guidelines and Checklist

License Type:	
<input type="checkbox"/> Peddler <input type="checkbox"/> Canvasser/Solicitor	
<p>DEFINITIONS: (see City Code 5-1500 for full definitions) A “Peddler” is any person traveling from place to place and/or house to house who carries merchandise, offering and exposing the same for sale, and making deliveries to purchasers, or any person who without traveling from place to place, shall sell or offer merchandise for sale from a vehicle or conveyance. A “Canvasser” or “Solicitor” is a person traveling from place to place and/or house to house who takes orders for the future delivery of merchandise or for services to be performed in the future, whether or not such person exposes a sample or collects advance payment on such sales.</p>	
Staff Initials:	<p>Application Checklist Submit completed items below to: Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433</p>
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Minnesota Workers' Compensation Liability (Form #4)
	<input type="checkbox"/> 3. Authorization of Release of Data (Form #5)
	<input type="checkbox"/> 4. Supplemental Investigation Information (Form #6)
	<input type="checkbox"/> 5. License Applicant Information (Form #7)
	<input type="checkbox"/> 6. Current State-Issued Photo ID (copy must be in color)
	<input type="checkbox"/> 7. Business Representative Authorization – A signed letter (on business letterhead) from the business you are selling/soliciting/peddling for giving you authorization to be a representative is required.
	<input type="checkbox"/> 8. Ice Cream Vendor: Copy of MN Agriculture Retail Mobile Food Handler License (Dan Vasser 651-201-6064),etc.
	<input type="checkbox"/> 9. License Fee for each Peddler, Canvasser, or Solicitor employee: <ul style="list-style-type: none"> <input type="checkbox"/> Per Day: \$15 (2020) <input type="checkbox"/> Per Week: \$40 (2020) <input type="checkbox"/> Per Month: \$75 (2020) <input type="checkbox"/> Per 6 Months: \$300 (2020)
	<input type="checkbox"/> 10. Investigation Fee for each employee: \$25 (2020)
<p>Your License Application:</p> <ul style="list-style-type: none"> <li style="display: inline-block; width: 45%;">• Incomplete and/or illegible applications will be returned. <li style="display: inline-block; width: 45%;">• Minnesota Sales Tax ID (651) 296-6181 <li style="display: inline-block; width: 45%;">• All applications must be signed by an owner, partner, or principal. <li style="display: inline-block; width: 45%;">• Federal Tax ID/Employer Identification Number (651) 312-8082 <li style="display: inline-block; width: 45%;">• Licenses are not transferable. <li style="display: inline-block; width: 45%;">• Multiple licenses must be filed individually and may not be combined. <li style="display: inline-block; width: 45%;">• Make a duplicate copy of this packet for your personal records before submitting. <li style="display: inline-block; width: 45%;">• Applications processed within 7 business days 	



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Form #1

License Application

Employee Personal Information:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Permanent Home Address:	Street:		
	City:		
	State:	Zip:	
Applicant Physical Description:	Height:	Weight:	
	Hair Color:	Eye Color:	
Social Security #			
Driver's License #		State of Issue:	
Day Telephone:		Evening Telephone:	
<input type="checkbox"/> Yes <input type="checkbox"/> No Are you serving as the main representative for the business? If yes, please attach appropriate authorization to serve in this capacity.			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY misdemeanor, gross misdemeanor or felony? (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.) If applicant has been convicted, please provide the following:			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you violated any provisions in the Coon Rapids City Code during the last two years? If yes, please explain:			



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Form #1

Organization Information:				
Business Name:				
Contact Name:				
Contact Telephone:				
MN Business Tax ID#:		Federal Tax ID#:		
Address of Business:	Street:			
	City:			
	State:		Zip:	
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:				
<input type="checkbox"/> I understand that City Code 5-1510 requires that every peddler or solicitor have sales slips/receipts which include: <ul style="list-style-type: none"> • Statement that City does not endorse product or purpose for solicitation. • Name, address, phone number and contact name of business/organization represented. • Agreed upon price including additional charges. • Date of transaction. • Description of purpose for which the funds or property received will be used. 				
If vehicle is used, describe:				
Vehicle License Plate #	State of Issuance	License Year	Make/Model	Color
Vehicle Insurance Company: _____ Policy # _____ Date of Coverage: _____				
<input type="checkbox"/> I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on NotifyMe . Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".				
I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.				
TENNESSEN WARNING The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.				
I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.				
Date: _____ Signature: _____				



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Form #4

MINNESOTA WORKERS' COMPENSATION 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 176.181. 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: *Note: This is NOT the insurance agent.	
Telephone Number:	
Policy Number:	
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	

(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).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	

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

Date: _____ **Signature:** _____



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Form #5

Authorization of Release of Data

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

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY crime, either felony or misdemeanor?			
If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			



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Form #5

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any traffic offense? If yes, please state
the following:		
Offense #1		
Date:		
Location:		
Nature of Offense:		
Offense #2		
Date:		
Location:		
Nature of Offense:		
Offense #3		
Date:		
Location:		
Nature of Offense:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you violated any provisions in the Coon Rapids City Code during
the last two (2) years? If yes, please explain:		

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing 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**



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Form #6

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: _____



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Form #7

License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address	Street:		
	City:		
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title