



CITY OF OAKDALE

ADMINISTRATION DEPARTMENT | LICENSING DIVISION

1584 Hadley Avenue North | Oakdale, MN 55128

www.ci.oakdale.mn.us | Licensing@ci.oakdale.mn.us

Direct: (651) 730-2739 | Fax: (651) 730-2820

SOLICITOR / PEDDLER / TRANSIENT MERCHANT REGISTRATION / LICENSE APPLICATION

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly. Please attach additional documents, where it is applicable. **ALL persons who will be conducting business must complete the Tennessee Warning & Informed Consent Form and attach a color copy of an updated photo ID.**

SECTION A. BUSINESS

Company Name:

Doing Business As:

Address:

Phone:

Fax:

E-Mail:

Website / Social Media Site (Facebook, Twitter, etc...):

Federal Tax ID:

Minnesota Tax ID:

Select the following type of registration / license applying for: Solicitor Peddler Transient Merchant

SECTION B. PARTNERSHIP / CORPORATION

Please select from one of the following:

- This company is NOT a partnership or a corporation because it is individually owned.
- This company is a partnership or a corporation – Attach a list of all partners, members, officers, and any person(s) controlling or owning an interest in excess of five (5) percent.

SECTION C. INSURANCE INFORMATION

- This company does have liability insurance coverage – Please submit a copy of certificate liability insurance.
- This company does NOT have general liability insurance coverage.
- This company does have workers' compensation liability coverage – Please submit a copy of certificate liability insurance.
- This company is 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 workers' compensation law (these include: Spouse, Parents, Children and certain farm employees).

SECTION D. REGISTRATION / LICENCE ACTIVITY

Start Date:

End Date:

Days of Operation:

Hours of Operation:

Describe the product or service this business will be selling in Oakdale:

Describe the area of Oakdale where activity will occur:

SECTION E. REGISTRATION / LICENSING POINT OF CONTACT / EMERGENCY CONTACT

List the person who will serve as the registration / licensing point of contact (if none, please list the emergency contact for the business)

This person will serve as the: Registration / Licensing Point of Contact Emergency Contact

Full Name:

Job Title/ Relationship to Business:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

E-Mail:

How would you like to receive your registration / licensing materials, once approved?: Pick Up Mail

SECTION F. LIST OF NAMES

List the names of ALL persons and the vehicle that will be used to conduct work. Attach additional document if needed. *All persons listed, must complete an informed consent form and attach a copy of their Driver's / State ID in color:*

<u>Full Name</u>	<u>Date of Birth</u>	<u>Type of Vehicle</u>	<u>Color</u>	<u>Make</u>	<u>Year</u>	<u>Plate #</u>

SECTION G. HISTORY

List the most recent three (3) locations where business has been conducted:

<u>Type of Registration / License</u>	<u>License Number</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has this business ever had a registration / license denied, suspended, or revoked? No Yes – if yes, please complete below.

<u>Type of Registration / License</u>	<u>Issuing Agency</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of law or ordinance related to the operation of the business? No Yes – if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

Has any employee, owner or officer of the business or corporation, or the business as an entity, been charged with any violation of **any other** law or ordinance not related to the operation of the business? No Yes – if yes, please complete below.

<u>Name</u>	<u>Offense</u>	<u>City</u>	<u>State</u>	<u>Dates</u>

By signing below, I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Applicant Signature _____

Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE 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 number	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, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



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TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

INFORMED CONSENT

The City of Oakdale requires criminal background checks for all solicitor / peddler / transient merchant registration / license applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:		Middle:	Last:	
Maiden Name or Names Known by Others:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy):		Place of Birth:		
Social Security Number:		ID / License Number:	State of ID / License Issuance:	
Height:	Weight:	Hair Color:	Eye Color:	
Home Address:				
City:		State:	Zip:	
Home Phone:		Cell Phone:		
E-Mail:				

By signing below, I have read and understood the Tennesen Warning. I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a solicitor / peddler / transient merchant registration / license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date



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LICENSING PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department. Please note that the registration/ licensing process may take 2 weeks.

APPLICATION CHECKLIST

Before you submit your application packet, please check off the following to ensure everything has been completed.
All incomplete applications will be returned.

Application

Worker's Compensation Certificate of Compliance

Tennessen Warning and Informed Consent Form - All persons conducting business must complete this form.

Identification - Attach a copy of driver's license in color with a CURRENT address for all persons conducting business.

Insurance - Attach a current copy of certificate of liability insurance showing worker's compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.

Please check here if insurance is not applicable.

Solicitor Registration Fee - \$0

Peddler License Fee - \$157.50

Transient Merchant Fee - \$157.50

Checklist – read, check off list, sign, and date.

Please mail, drop off, or e-mail forms and required documents when completed.

By signing below, I agree that I have received a copy of the city ordinance and I understand that it's my responsibility to review it. I understand the registration / licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my application is incomplete, it will be returned.

Applicant Signature

Date

FOR OFFICE USE ONLY

PM:

AMT:

PD:

RD:

NOTES: