

CITY OF GOODHUE

PEDDLER, HAWKER, SOLICITOR, FOOD VENDOR, TRANSIENT MERCHANT  
LICENSE APPLICATION

Full and true name of applicant: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

1. Type of business to be conducted (articles or items to be sold): \_\_\_\_\_

2. Length of time desired to do business in the City of Goodhue:

Days \_\_\_\_\_ Months \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

3. Hours of proposed sale: From \_\_\_\_\_ a.m./p.m. To \_\_\_\_\_ a.m./p.m.

4. Location of where business will be conducted: \_\_\_\_\_

5. Describe vehicle, if any, to be used: Make \_\_\_\_\_ Color \_\_\_\_\_

Vehicle license # \_\_\_\_\_ Drivers License # \_\_\_\_\_

6. Is copy of insurance attached? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does applicant have a similar license in another city? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of city: \_\_\_\_\_

8. Minnesota State Sales Tax Number: \_\_\_\_\_

The undersigned applicant certifies that the information supplied in this application is true and correct.

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

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Note: Food Vendors are required to provide a trash container near their business for customer use and are responsible for their own business garbage removal and cleanup.

*\* Include copy of Driver's License  
— \$100.00 due to City of Goodhue*

9. Applicant is: Individual\_\_\_\_\_ Corporation\_\_\_\_\_ Partnership\_\_\_\_\_ Other\_\_\_\_\_

If other, please indicate what:\_\_\_\_\_

10. Has applicant ever used or been know by a name other than the applicant's true name as stated above?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, state name(s), date(s), and place(s)\_\_\_\_\_

If applicant is an individual, complete items 11 through 18 before completing remainder of application. If applicant is a corporation, partnership, or other organization, complete items 19 through 22 before completing remainder of application.

Individual

11. Social Security Number\_\_\_\_\_

12. Local address\_\_\_\_\_

13. Local phone number\_\_\_\_\_

14. Date of birth\_\_\_\_\_

15. Permanent home address\_\_\_\_\_

16. Physical description: Height\_\_\_\_\_ Weight\_\_\_\_\_ Hair\_\_\_\_\_ Eyes\_\_\_\_\_

17. If employed, name of employer:\_\_\_\_\_

Employer's address:\_\_\_\_\_

18. Have you ever been convicted of any crime misdemeanor, or violation of any municipal ordinance?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain:\_\_\_\_\_

Corporation, Partnership, Other

19. Is corporation, partnership, or other organization organized under Minnesota law?

Yes\_\_\_\_\_ No\_\_\_\_\_ If no, state in which organized:\_\_\_\_\_

Is organization authorized to do business in Minnesota? Yes\_\_\_\_\_ No\_\_\_\_\_

Attach copy of Certificate of Authority to transact business in Minnesota.

20. Address of registered office of registered agent in State of Minnesota:\_\_\_\_\_

21. Attach list of every agent or employee of the applicant who will transact business in the City of Goodhue on behalf of the applicant. Include the following information: Name, address, telephone number, photo taken within 60 days prior to application.

22. Has the applicant, or any other officer, director, partner, agent, or employee of the applicant ever been convicted of a crime, misdemeanor, or violation of municipal ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach a statement describing the nature of the offense(s) and the penalty.

23. The type of business in which applicant has been engaged in the previous two years: \_\_\_\_\_

24. The applicant's residence and business address for the prior two-year period

Residence: \_\_\_\_\_

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

25. Have good to be sold been grown or produced by the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_

26. State the proposed method of delivery of goods and amount of time before delivery is made:

27. Give the names, address, and phone numbers of two Minnesota residents who will certify as to the applicant's character and business respectability or provide such other evidence as to enable an investigator to properly evaluate such character and business responsibility:

28. Name the last three communities where you or your organization carried on business immediately preceding the date of this application, and the address from which such business was conducted:

Community

Type of Business

Business Address

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

29. Has any other municipality revoked or refused to grant you or your organization a license or permit on your business: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details: \_\_\_\_\_



City of Goodhue  
Informed Consent Application

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

The following named individual has made application with this agency for a Peddler/Solicitor license.

Last Name of Applicant (please print) \_\_\_\_\_

First Name (please print) \_\_\_\_\_

Middle (please print) \_\_\_\_\_

Maiden, Alias or Former (please print) \_\_\_\_\_

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

Social Security Number \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all Criminal History record information to the City of Goodhue for the purpose of obtaining a peddler/solicitor license.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

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

\_\_\_\_\_  
Date

