



# City of East Grand Forks

600 DeMers Ave · P.O. Box 373 · East Grand Forks, MN 56721  
218-773-2483 · 218-773-9728 fax    www.eastgrandforks.net

## APPLICATION FOR TRANSIENT LICENSE

Annual License

Daily License

Dates to conduct business: \_\_\_\_\_

(Maximum 14 consecutive days)

### Applicant Information

\_\_\_\_\_  
*Applicant Name (First, Middle, Last)*

\_\_\_\_\_  
*Applicant Phone Number*

\_\_\_\_\_  
*Applicant Address*

\_\_\_\_\_  
*City*

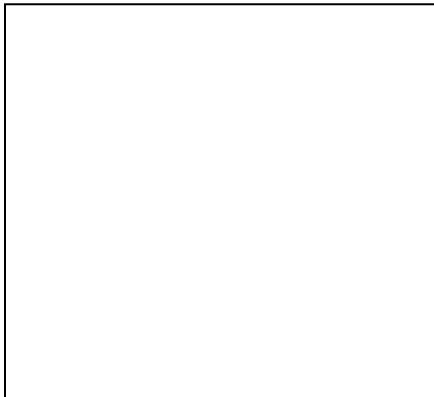
\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

\_\_\_\_\_  
*Drivers Licenses No. (must provide copy of license)*

*Physical description of the applicant: (hair color, eye color, height, weight, distinguishing marks and features, etc.)*

*Photograph: 2X2*



*Hair Color:* \_\_\_\_\_

*Eye Color:* \_\_\_\_\_

*Height:* \_\_\_\_\_

*Weight:* \_\_\_\_\_

*Distinguishing Marks & Features:* \_\_\_\_\_

*Full address of applicant's regular place of business (if any):* \_\_\_\_\_

*Addresses and occupations for the three years preceding the date of application:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*State whether or not applicant has ever been convicted within the last 5 years of any felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding traffic violations and if so, the date and place of conviction and nature of the offense.*

*Date*

*Place of Conviction*

*Nature of Offense*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Business Information	
_____	_____
<i>Business Name</i>	<i>Business Phone Number</i>
_____	_____
<i>Business Address</i>	<i>City State Zip</i>
_____	_____
<i>MN Tax ID No.</i>	<i>Fed Tax ID No.</i>
<i>Nature of business and type of goods to be sold</i> _____	
_____	
<i>Any and all addresses &amp; telephone numbers where the applicant can be reached while conducting business:</i> _____	
_____	
<i>List 3 most recent locations where the applicant has conducted business as a peddler.</i>	
<u><i>Cities</i></u>	<u><i>Dates</i></u>
_____	_____
_____	_____
_____	_____

Corporate Information (if applicable)	
_____	_____
<i>Corporate Name</i>	<i>Phone Number</i>
_____	_____
<i>Corporate Address</i>	<i>City State Zip</i>

Notarized Signature	
<i>I hereby certify that I have completely filled out the entire above application and that the application is true, correct, and accurate.</i>	
_____	_____
<i>Signature of Applicant (must be notarized)</i>	<i>Date</i>
<i>State of _____)</i>	
<i>County of _____)</i>	
_____ <i>being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.</i>	
_____	
<i>Signature</i>	
_____	
<i>Notary Public</i>	
<i>My Commission expires on:</i> _____	
<i>Subscribed and sworn to before me</i>	
<i>This ____ day of _____, 200__</i>	

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**Internal Use Only**

The following items need to be completed and/or attached in order for the application to be processed:

\* Copy of the County License (218-281-2554)

\* Copy of vehicle registration & ID Number

\* Copy of Drivers License

\* Application completed in full, signed, notarized

\* Application fee paid in full: Payment Type:  cash  check # \_\_\_\_\_ Receipt # \_\_\_\_\_  
(Check payable to **City of East Grand Forks**)

\* Background Check

\*Police Chief:  approved  denied

Notes: \_\_\_\_\_

Police Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Council Approval (Date \_\_\_\_-\_\_\_\_-\_\_\_\_)  Approved  Denied License Number \_\_\_\_\_

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**Proof of Workers' Compensation Insurance Coverage**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(Or)

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

- I have no employees covered by the law.
- Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
*Signature*

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**BACKGROUND INVESTIGATION AUTHORIZATION**

- I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that the City of East Grand Forks and/or its agent(s), may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for the City of East Grand Forks and/or its agent(s) to do so.
- II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.
- III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.
- IV. I hereby authorize, without reservation, any one contacted by the City of East Grand Forks and/or its agent(s) to furnish the information described in Section 1.
- V. I hereby authorize, without reservation, the City of East Grand Forks and/or its agent(s) to contact my present and past employer(s) for employment verification/references.

**APPLICANT: COMPLETE THE FOLLOWING:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Today's Date**

\_\_\_\_\_  
**Please print full name**

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
**Please print other names you have used**

\_\_\_\_\_  
**Social Security Number** - Supplying your Social Security Number is optional. Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation.

**Date of Birth** - Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Driver's License Number and State**

\_\_\_\_\_  
**Name as it appears on License**

**FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:**  
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statute(s).