City of Foley Transient Merchant Application Registration form for Peddlers, Solicitors, Canvassers and/or Transient Merchants

1.	Name:			
2.	Name of Sponsoring Organization:			
3.	Social Security Number:			
4.	Local Address:			
5.	Local Phone Number:			
6.	Permanent Home Address:			
7.		Photocopy of Driver's License attached or Physical Description: Height: Weight: Hair Color: Eye Color: Birthdate:		
8.9.		iption or nature of business and type of goods to be sold: and address of employer, principal or supplier and attach credentials establishing this relationship:		
10.	Lengt	h of time applicant will be doing business (days, weeks or months):		
11.	Source of supply of the goods or property to be sold (give name and complete address):			
12.	State the proposed method of delivery of goods and amount of time before delivery is made:			
13.	applic	he names, addresses and phone numbers of two (2) Minnesota residents who will certify as to the ant's character and business respectability or provide such other evidence as to enable an igator to properly evaluate such character and business responsibility:		
	1.			

14.	Indicate whether or not you have been convicted in the last five (5) years of any crime, misdemeanor, or violation of any municipal ordinance, (other than traffic violations), the nature of the offense and the punishment or penalty:				
15.	Name the last three (3) 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 there:				
	Community	Type of Business	Business Address		
	1		<u> </u>		
	0				
	2				
16.	Has any other municipality revoked carry on your business?		r your organization a license or permit to		
17.	Minnesota State Sales Tax Number:				
18.	Federal I.D. Number:				
and s This i requii	upporting documents as requested. is to certify that I am making application	for the described action by tapplication should be process	and must be accompanied by all information he City and that I am responsible for all City sed in my name and I am the party whom the		
emplo	oyees harmless from any and all claims, d nses resulting from such claims, including a	lemands, damages, or cause	nnify, defend, and hold the City, its agents and s of action, and all costs, disbursements, and e activities permitted by the transient merchan		
The u	indersigned applicant certifies that the infor	mation supplied is true and c	orrect.		
- <u>-</u>					
Signatu	ure of Applicant	Date			
	☐ Supporting Documents Attac☐ Permit Issued		Filing Fee Paid \$100.00 ective Date(s)		