

CITY OF WHEATON
PO Box 868
Wheaton, MN 56296

Phone: 320/563-4110

Fax: 320/563-4823

LICENSE PACKET FOR TRANSIENT/PEDDLER/HAWKER/NON-RESIDENT SALES

Required Documents, to be Submitted to the Wheaton City Hall:

- Signed Data Privacy Advisory (*below*)
- Fee Payment (*see License Application for amount*)
- Form: Completed License Application
- Form: Proof of MN Worker's Compensation

Once all the required documents have been submitted to City Hall. The information will be presented to the Wheaton City Council, who regularly meet every 2nd and 4th Thursday. The applicant will be notified as to whether the license application has been granted or denied.

DATA PRIVACY ADVISORY

In accordance with MS 13.04, Subd. 2, "Rights of subjects of data," we would like to inform you that your request for a permit or license from the City of Wheaton or any of its departments may require you to furnish certain private or confidential information.

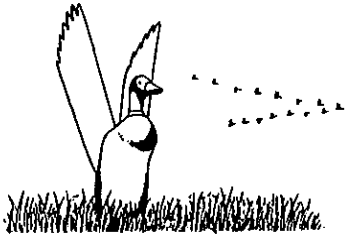
You are notified that:

1. The information you furnish will be used to determine your qualification for the permit or license requested.
2. You may refuse to supply data, but your refusal may require that the City deny the permit or license.
3. The information may be shared with other local, state or federal agencies to the extent necessary to process the permit or license.
4. If your requested permit or license requires Council action to approve, some information may become public.
5. You have certain rights under MS 13.04 to review private data on yourself.
6. Your full name is required to process this application or permit.

APPLICANT'S SIGNATURE

DATE

The City of Wheaton is an equal opportunity employer and service provider.



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354. Ordinance Regulating the Sale of Merchandise from Out-of-Town Merchants

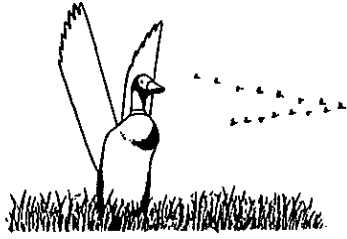
Subdivision 1. This Section shall cover all transient peddlers, hawkers, or other similar sellers of merchandise who sell said merchandise by contacting Wheaton residents, unsolicited, door-to-door, over the telephone, through the mail, or in any other fashion.

Subdivision 2. Any transient person wishing to sell merchandise in the City of Wheaton shall first make an application to the City Administrator, and pay the application fee set out by the Wheaton City Council.

Subdivision 3. By no later than the second council meeting after the application is made, the Wheaton City Council shall make the decision whether to approve or reject the application.

Subdivision 4. If approved, the transient person shall pay to the City Administrator the sum of \$100 for each day (or part of a day) that the person is in the City of Wheaton for the purpose of selling their merchandise, or \$500 for each and every year of sale provided that the City Council approves such license at by no later than the second council meeting after the new application is submitted.

Subdivision 5. Any person who violates, neglects, refuses to comply with, or assists or participates in any way in the violation of any of the provisions or requirements of this ordinance is guilty of a misdemeanor and is subject to a penalty of 90 days in jail and/or a \$1000 fine for each violation. Each day such violation continues shall constitute a separate offense.



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LICENSE APPLICATION FOR TRANSIENT MERCHANT LICENSE

BUSINESS INFORMATION – REQUIRED		
FULL Name of Business		
Employer's FULL Name		
Business Address		
City	State	ZIP
Business Phone Number		
APPLICANT INFORMATION - REQUIRED		
Applicant's FULL Name		
Applicant's Date of Birth	Applicant's Place of Birth	
Applicant's Address		
City	State	ZIP
Applicant's Phone Number		
Applicant's Physical Description: Hair Color	Eye Color	Height & Weight
Applicant's Vehicle Description		License Plate #
Vehicle's Registered Owner	V.I.N #	
LICENSE REQUEST		
Description of Goods or Service to be Sold:		
Duration of License Sought:	<input type="checkbox"/> One Day - \$100	Please Indicate Date:
Duration of License Sought:	<input type="checkbox"/> Two Days - \$200	Please Indicate Two Dates:
Duration of License Sought:	<input type="checkbox"/> Three Days - \$300	Please Indicate Three Dates:
Duration of License Sought:	<input type="checkbox"/> Four Days - \$400	Please Indicate Four Dates:
Duration of License Sought:	<input type="checkbox"/> Five Days to 1 Yr - \$500	Please Indicate Time Period:

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1. Has the applicant been the subject of an investigation by any consumer protection agency, state attorney general, better business bureau or similar group? If so, indicated the basis of the investigation, date of the investigation, office conducting the investigation, and the outcome: No Yes, please describe below:

2. Has the applicant served a sentence in jail or prison or been convicted of a felony, gross misdemeanor or misdemeanor within the last five years, for violation of any state or federal statute or any local ordinance, other than traffic offenses? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to the law. No Yes, please describe below:

3. Has the applicant taken advantage of any State or Federal bankruptcy or insolvency law or proceeding as a bankrupt or debtor within the ten (10) most recent years? No Yes, please describe below:

4. List below FULL names, dates of birth, and driver's license numbers of all employees other than the above applicant who will be selling goods in the City of Wheaton.

5. Other communities the applicant has conducted similar business:

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. Further, I agree to comply with all the provisions of the ordinance under which this license is granted.

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Date Application Materials Completed & Submitted to City Hall

Date Information Sent to Wheaton Police Department

Date & Outcome of Consideration by Wheaton City Council

Copy of Outcome Sent to Applicant

Certificate of Compliance Minnesota Workers' Compensation Law

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	
DBA (doing business as name, if applicable)	
BUSINESS ADDRESS (PO Box must include street address)	
CITY, STATE & ZIP CODE	

YOUR LICENSE OR CERTIFICATE Will NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1,2 or 3 below.

1) COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY #	EFFECTIVE DATE	EXPIRATION DATE

2) COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

3) COMPLETE THIS PORTION IF EXEMPT:

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of _____ exclude

d employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory) **TITLE** **DATE**

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

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