

**PEDDLER, SOLICITOR OR TRANSIENT
MERCHANT LICENSE APPLICATION**



LAST NAME: _____ FIRST NAME: _____

OTHER NAMES KNOWN UNDER: _____

PERMANENT ADDRESS: _____

NAME OF EMPLOYER: _____

EMPLOYER ADDRESS: _____

TYPE OF LICENSE: PEDDLER SOLICITOR TRANSIENT MERCHANT

DATES YOU WILL CONDUCT BUSINESS: _____

LOCATION YOU WILL CONDUCT BUSINESS: _____

THREE MOST RECENT LOCATIONS YOU HAVE CONDUCTED BUSINESS:

DESCRIPTION OF ITEMS TO BE SOLD OR SERVICES TO BE PROVIDED: _____

Other needed information for approval of license

1. Written permission of the property owner or the property owner's agent for any property which will be used by a transient merchant.
2. A copy of a valid drivers license or photo Identification Card of all employees.
3. The license plate number, registration information and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle.

Acknowledgement and Signature: I hereby certify that I have completed, read and examined this application and know the same to be true and correct. I accept responsibility for compliance with all applicable laws and city provisions.

Applicant Signature: _____ **Date:** _____

Submit Application, Required Documentation and Fee at
Lamberton City Hall, 112 2nd Ave W, Lamberton, MN 56152