



# APPLICATION FOR PEDDLER OR TRANSIENT MERCHANT LICENSE

City of Callaway | 321 Main Ave | PO Box 116 | Callaway, MN 56521  
Office 218.375.4691 | Fax 218.375.4692 | clerk@callawaymn.gov

<b>Application Date:</b>		<b>Fee:</b>	\$50.00/Day
<b>Applicant's Full Legal Name:</b>			
<b>All other names under which the applicant conducts business or to which the applicant officially answers:</b>			
<b>Full Address of Applicant's Permanent Residence:</b>			
<b>Telephone Number of Applicant's Permanent Residence:</b>			
<b>Cell Phone Number of Applicant:</b>			
<b>Full legal name of all business operations owned, managed or operated by applicant, or for which the applicant is an employee or agent:</b>			
<b>Full address of applicant's regular place of business (if any):</b>			
<b>All business-related telephone numbers of the applicant:</b>			
<b>Type of business for which the applicant is applying for a license:</b>			
<b>Name of Business:</b>			
<b>Type of license applicant is seeking:</b>	<input type="checkbox"/> Daily License* <input type="checkbox"/> Annual License		
<b>Dates the applicant intends to conduct business:</b>			
<b>*Complete if applicant is applying for a Daily License.</b>			
<b>*If applying for a daily license, list the number of days the applicant will be conducting business in the city (maximum is 14 consecutive days):</b>			
<b>All addresses and telephone numbers where the applicant can be reached while conducting business within the city, including the location(s) where a transient merchant intends to set up business:</b>			

<p><b>A statement as to whether the applicant has been convicted within the last 5 years of any felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance, other than traffic offenses:</b></p>		
<p><b>List the three most recent locations where the applicant has conducted business as a transient merchant:</b></p>		
<p><b>Include written permission from the property owner for any property to be used by a transient merchant:</b></p>		
<p><b>General description of the items to be sold or services to be provided:</b> *Food/beverage vendors can include a copy of the menu.</p>		
<p><b>Business Federal Tax ID# and MN Sales Tax ID#</b></p>		
<p><b>Copy of MN Dept of Health Food License (If providing food)</b></p>		
<p><b>Business County License #:</b> *A copy of license is required</p>		
<p><b>Business Trailer License #:</b></p>		
<p><b>Applicant Driver's License #:</b> *A copy of license is required</p>		
<p><b>Vehicle Information to include license plate #, registration information and vehicle identification number (VIN) for any vehicle to be used in conjunction with the licensed business, and a physical description of the vehicle:</b></p>		
<p><b>Applicant liability insurance information:</b> *Include a copy of any insurance that is required or a certificate of liability coverage <b>General Liability</b> – always required <b>Auto</b> – if using vehicles for business <b>Workers Comp Certificate of Compliance</b> – always required</p>		
<p><b>Signature of Applicant:</b></p>	<p><b>Date:</b></p>	

Date Received: \_\_\_\_\_  
 Approved  Denied  
Permit Number: \_\_\_\_\_

E-mail: [dli.license@state.mn.us](mailto:dli.license@state.mn.us)  
Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
Phone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

#### 1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

#### 2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio.

**RIGHTS OF SUBJECTS OF GOVERNMENT DATA  
“TENNESSEN WARNING”**

In accordance with the Minnesota Government Data Practices Act, the **City of Callaway** is required to inform you of your rights as they pertain to the information collected about you. Public information is data that is not classified by state statute, federal law or temporary classification as either private or confidential. It is accessible to anyone for any reason. All government data is presumed to be public unless a specific state or federal law classifies it otherwise. Private information is that information which is available to you, not the public. Confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

**PRIVATE – DRIVER’S LICENSE NUMBERS AND SOCIAL SECURITY NUMBERS**

**PUBLIC – ALL OTHER INFORMATION COLLECTED AT THE TIME OF APPLICATION**

Your application includes a social security number which is classified as private data under the Minnesota Government Data Practices Act. Your social security number will be used to conduct a preliminary background and financial investigation in order to determine your eligibility for a City of Callaway regulatory license. If you do not supply the required information, the City of Callaway will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

**CITY AND COUNTY PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CITY COUNCIL MEMBERS TO APPROVE THE APPLICATION, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.**

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.  
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.  
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk/Treasurer’s office, 321 Main Ave, Callaway, MN 56521.

***I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.***

\_\_\_\_\_  
Signature of Data Subject

\_\_\_\_\_  
Date