

Application # _____

Date Received _____

Receipt No. _____

Amount Paid _____

COUNTY OF OLMSTED, MINNESOTA

Application for Peddler's License

Length of time during which
Regulated Activity is to be Conducted;
Not to Exceed 30 days in length: _____

Name of Applicant _____
(First) (Middle) (Last)

Home Address _____

Telephone Numbers (Home) _____ (Business) _____

Social Security Number _____

Name of Business _____

Business Address _____

Manager or Supervisor's Name _____

Telephone (Business) _____

The following items **must** be completed and/or accompany the completed application.

- 1. Date of Birth: _____ Sex: M _____ F _____
Color of Hair: _____ Color of Eyes _____
Height: _____ Weight: _____
Race: _____

- 2. Give a brief description of the nature of the business and the goods to be sold:

- 3. If the goods are food items the Olmsted County Health Department or the Minnesota Department of Agriculture must issue a permit. List the number of the permit below and the date issued. The permit must be issued before the Peddler's license can be approved.

Olmsted County Health Department (507) 285-8342

Number of Permit _____ Date Issued _____

4. Has the applicant or the business ever been convicted of a violation of an ordinance of the County of Olmsted or another municipality?

Yes _____ No _____

If yes, give a description of the nature of the violation, the date of the conviction and the name of the city involved:

5. Has the applicant ever been convicted of a violation of any statute of the United States, the State of Minnesota, or any other State?

Yes _____ No _____

If yes, give a description of the nature of the violation, the date of the conviction and the name of the state or other jurisdiction involved:

6. License number and description of each vehicle used in connection with the regulated activity:

...Vehicle # 1

License Number: _____

Description: _____

...Vehicle # 2

License Number: _____

Description: _____

7. Current Driver's License or Identification Card displaying a picture must be provided in person.

8. Areas of the County to be canvassed:

9. License Fee: \$150.00 Per Application (Non-Refundable)

Make check or money order payable to the **Olmsted County License Bureau** and return to the office at the following address:

Olmsted County Vital Records and Licensing
Attn: Christine Benson
151 4th Street SE
Rochester, MN 55904-3709

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and the Common Council of Olmsted County may rely on the accuracy of such information provided in determining whether or not a license should be issued.

(Signature of Applicant)

Subscribed and sworn to before me this
_____ day of _____, 20__

(Notary Public)

FOR OFFICE USE ONLY

County Sheriff Approval _____ Date _____
(Signature)