



City of Apple Valley  
 7100 147th Street W.  
 Apple Valley, MN 55124  
 952-953-2500

**2022 PEDDLER OR SOLICITOR  
 LICENSE APPLICATION**  
*Non-Charitable Organization*

Applying for:     Annual License (\$139 thru Dec. 31st)                       Temporary License (\$88 up to 14 days)  
 Type of license:  Peddler (goods/services delivered immediately)     Solicitor (goods/services delivered later date)

**Applicant Information**

Applicant (first, middle, last name)				
Permanent Street Address		City	State	Zip
Local Street Address (if different)		City	State	Zip
Social Security Number	Email		Phone	
List (3) most recent locations where you have conducted business as a solicitor or peddler.				
Description of vehicle used when peddling/soliciting:				
<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Color</u>	<u>Vehicle Plate No. &amp; State Issued</u>
<i>Chapter 114 of the Apple Valley Code of Ordinances states conviction within the last (5) years for violation of any federal or state statute or regulation, or of any local ordinance, which adversely reflects on the applicant's ability to conduct the business for which the license is being sought in an honest and legal manner is grounds for denying a license. Violations shall include but are not limited to burglary, theft, larceny, swindling, fraud, unlawful business practices, and any form of actual or threatened physical harm against another person.</i>				
Have you been convicted of <u>ANY</u> felony, gross misdemeanor, or misdemeanor for violation of any state or federal statute or any local ordinance, other than a minor traffic offense? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, provide date, place, and offense.				
Have you had a peddler, solicitor, or transient merchant license revoked within the last (5) years? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> If yes, provide date and place.				

**Business Information**

Representing (name of business, employer, or supplier)		MN Business Tax ID Number (7-digits)		
Business Street Address		City	State	Zip
Name of Manager/Supervisor	Email		Phone	
Description of goods/services to be sold or provided				
Are you employed by the business? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		Are you an independent contractor for the business? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
Provide workers' compensation insurance coverage as required by Minnesota law (MN Stat. § 176.181)				
<u>Insurance Company Name (not agent)</u>		<u>Policy Number</u>	<u>Dates of Coverage</u>	

I am NOT required to have workers' compensation liability coverage because:

I have no employees covered by the law       Other:

## Verification

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at [www.cityofapplevalley.org](http://www.cityofapplevalley.org).

The data you furnish on this application will be used by the City of Apple Valley in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Apple Valley may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

I also acknowledge that I have reviewed Chapter 114 of the City Code regulating Peddlers and Solicitors, and am familiar with the provisions thereof.

**Your signature and photocopy of ID is required in order to process this application.**

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification.

I understand that false information may result in the denial, suspension, or revocation of this license. If application is denied, a one-year waiting period is required before applying for a new license.

I authorize the City to conduct a background investigation pursuant to City Code § 114.03 (E).

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

If application is approved, the license will be mailed to applicant's local address.

01/22	Office use only	Code 1001.4036
Date rec'd/paid	Amount \$	Receipt #
Approve/Deny	License #	Temporary dates