



City of Coon Rapids
 Office of the City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433-3761
 Phone: 763-767-6432
 Fax: 763-767-6531
<http://www.coonrapidsmn.gov>

Application Checklist

Submit completed items below to:

Office of the City Clerk
 Attn: Deputy City Clerk
 11155 Robinson Drive
 Coon Rapids, MN 55433

2021 License Application Guidelines and Checklist

| | |
|--|---|
| License Type: <input type="checkbox"/> Transient/Itinerant Merchants | |
| DEFINITIONS: (see City Code 5-1500 for full definitions) A “ Transient Merchant ” is hereby defined to be any person whose business in the City is temporary or seasonal and consists of selling and delivering merchandise within the City, and who in furtherance of such purpose uses or occupies any structure, vehicle, or other place for the exhibition and sale of such merchandise, either privately or at public auction. | |
| Business Owner Checklist: The items listed below are required for each Transient Merchant location you intend to occupy: | |
| <input type="checkbox"/> 1. License Application (Form #1) | |
| <input type="checkbox"/> 2. Location /Temporary Sign Info (Form #2) | |
| <input type="checkbox"/> 3. Property Owner Permission From (Form #3) | |
| <input type="checkbox"/> 4. Minnesota Workers' Compensation Liability (Form #4) | |
| <input type="checkbox"/> 5. Authorization of Release of Data (Form #5) | |
| <input type="checkbox"/> 6. Supplemental Investigation Information (Form #6) | |
| <input type="checkbox"/> 7. License Applicant Information (Form #7) | |
| <input type="checkbox"/> 8. Current State-Issued Photo ID (copies must be in color) | |
| <input type="checkbox"/> 9. Food Vending: Copy of MN Agriculture Retail Mobile Food Handler License or Food License from Anoka County (Dan Vasser 651-201-6064), etc. | |
| <input type="checkbox"/> 10. License Fee for each Transient Merchant Location: | |
| <input type="checkbox"/> Per Day: \$15 (2021) | |
| <input type="checkbox"/> Per Week: \$40 (2021) | |
| <input type="checkbox"/> Per Month: \$75 (2021) | |
| <input type="checkbox"/> Per 6 Months: \$300 (2021) | |
| <input type="checkbox"/> 12. Investigation Fee for business owner: \$25 (2021) | |
| Employee Checklist: The items listed below are required for each employee working at your Transient Merchant location: | |
| <input type="checkbox"/> 1. License Application (Form #1) | |
| <input type="checkbox"/> 2. Authorization of Release of Data (Form #5) | |
| <input type="checkbox"/> 3. Supplemental Investigation Information (Form #6) | |
| <input type="checkbox"/> 4. License Applicant Information (Form #7) | |
| <input type="checkbox"/> 5. Current State-Issued Photo ID (copies must be in color) | |
| <input type="checkbox"/> 6. Business Representative Authorization – from the business you are selling for giving you authorization to work at the transient merchant location is required. | |
| <input type="checkbox"/> 7. Investigation Fee for each employee: \$25 (2021) | |
| Your License Application: | <ul style="list-style-type: none"> • Minnesota Sales Tax ID (651) 296-6181 • Federal Tax ID/Employer Identification Number (651) 312-8082 • Multiple licenses must be filed individually and may not be combined. • Applications process within 7 business days |
| <ul style="list-style-type: none"> • Incomplete and/or illegible applications will be returned. • All applications must be signed by an owner, partner, or principal. • Licenses are not transferable. • Make a duplicate copy of this packet for your personal records before submitting. | |



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Form #1

License Application

| Employee Personal Information: | | | |
|--|-------------|--------------------|--|
| First Name: | | | |
| Middle Name: | | | |
| Last Name: | | | |
| Date of Birth: | | | |
| Email Address: | | | |
| Permanent Home Address: | Street: | | |
| | City: | | |
| | State: | Zip: | |
| Applicant Physical Description: | Height: | Weight: | |
| | Hair Color: | Eye Color: | |
| Social Security # | | | |
| Driver's License # | | State of Issue: | |
| Day Telephone: | | Evening Telephone: | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Are you serving as the main representative for the business? If yes, please attach appropriate authorization to serve in this capacity. | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY misdemeanor, gross misdemeanor or felony? (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.) If applicant has been convicted, please provide the following: | | | |
| Conviction #1 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #2 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #3 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you violated any provisions in the Coon Rapids City Code during the last two years? If yes, please explain: | | | |



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Form #1

| Organization Information: | | | | |
|--|-------------------|--------------|------------------|-------|
| Business Name: | | | | |
| Contact Name: | | | | |
| Contact Telephone: | | | | |
| MN Business Tax ID#: | | | Federal Tax ID#: | |
| Address of Business: | Street: | | | |
| | City: | | | |
| | State: | | Zip: | |
| Describe the nature of business, type of goods to be sold and method of operation: | | | | |
| Describe type and content of advertising to be done: | | | | |
| Dates and Hours of Operation: | | | | |
| <input type="checkbox"/> I understand that City Code 5-1510 requires that every transient merchant have sales slips/receipts which include: <ul style="list-style-type: none"> • Statement that City does not endorse product or purpose for solicitation. • Name, address, phone number and contact name of business/organization represented. • Agreed upon price including additional charges. • Date of transaction. • Description of purpose for which the funds or property received will be used. | | | | |
| <p style="text-align: center;">License Location Address:</p> <p>(On Form #2 of this application, you must obtain written permission of the property owner for use of the premises and have them sign an agreement to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property. Also include a drawing showing size and location on the property of any temporary structure and temporary signs indicating distances from roadways, access points, other structures, parking or permanent signs.)</p> <p>Name of Business Location: The Address is:</p> | | | | |
| <p style="text-align: center;">Zoning of Property to be Occupied:</p> <p>(Certain zoning may require approval of a Conditional Use Permit (CUP) or Planned Unit Development (PUD) from the Planning Commission. Please call 763-767-6430 for verification)</p> <p>Property Zoning:</p> | | | | |
| If vehicle is used, describe: | | | | |
| Vehicle License Plate # | State of Issuance | License Year | Make/Model | Color |
| Vehicle Insurance Company: _____ Policy # _____ Date of Coverage: _____ | | | | |



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Form #1

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to www.coonrapidsmn.gov and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled “City Proposed Ordinance Changes”.

I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

TENNESSEN WARNING

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

Date: _____ **Signature:** _____



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Form #2

Location of Transient Merchant Doing Business from Fixed Location

A transient merchant doing business from a fixed location may not operate in any location where the operations might reasonably endanger the public safety or impede or inconvenience the public. All structures and vehicles must be located on a paved surface. All vehicles used must be parked off the public street and on a paved surface. Customer parking must be on a paved surface. No structures or vehicles used in conjunction therewith may interfere with designated fire lanes or access to other businesses. No landscaped area or bufferyard may be used for parking or for the storage or display of merchandise. No location within an existing parking lot shall reduce the number of parking spaces. All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license. Any articles not claimed within 30 days may be destroyed or disposed of at the discretion of the City. Any costs associated with may be assessed against the property owner in the same manner as a special assessment.

In a drawing, show the size and location on the property of any temporary structure **and temporary signs** indicating dimensions and distances from adjoining roadways, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent signs and any other features.

I understand that I am allowed one ground sign per location without a temporary signs permit. But all others require a permit from the Community Development Department and I am responsible for contacting them at 763-767-6430 to obtain the permit. I also understand that the following requirements are to be followed with temporary signs:

- Diagram showing size and location of temporary sign
- May not exceed 32 square feet in area
- May not be located in public right of way (including street median)
- Must be set back one foot from public sidewalk or 18 feet from curb and 10 feet from property lines
- Signs may not be fastened to trees or utility poles
- Advertising upon or against any structure is subject to maximum sign area authorized.

DRAWING OF PREMISES AND TEMPORARY SIGNS WHERE TRANSIENT MERCHANT WILL BE LOCATED

Date

Signature



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Form #3

WRITTEN PERMISSION OF PROPERTY OWNER

Written permission from the property owner for use of the premises must be obtained before a license will be issued.

I, _____, certify that I am the owner of property located at _____, and give permission to _____ to operate a transient merchant business at this location on the dates requested and hereby agree to reimburse any costs incurred by the City as a result of clean-up or be responsible for assessment of those costs against the property.

I understand that the days a Transient Merchant displays a temporary sign are deducted from the total allotment of sixty (60) days per calendar year for the property.

| | | |
|-------------|---------------------|------------------|
| Date | Printed Name | Signature |
|-------------|---------------------|------------------|

| | |
|----------------|-------------------------|
| Address | Telephone Number |
|----------------|-------------------------|



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Form #4

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

| | |
|---|--|
| Insurance Company Name: *Note: This is NOT the insurance agent. | |
| Telephone Number: | |
| Policy Number: | |
| Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31. | |

(OR)

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

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

| Personal Information: | |
|--|-------------------|
| First Name: | |
| Middle Name: | |
| Last Name: | |
| Doing Business As: | |
| Name: | |
| Address of Business: | Street: |
| | City: |
| | State: |
| | Zip: |
| Phone Number: | |
| I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law. | |
| Date: | Signature: |



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Form #5

Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

| Personal Information | | | |
|--|---------|-----------------|--|
| First Name: | | | |
| Middle Name: | | | |
| Last Name: | | | |
| Date of Birth: | | | |
| Email Address: | | | |
| Address of Residence: | Street: | | |
| | City: | | |
| | State: | | |
| | Zip: | | |
| Driver's License # | | State of Issue: | |
| Day Telephone: | | | |
| Evening Telephone: | | | |
| Organization Associated with: | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Have you EVER been convicted of ANY crime, either felony or misdemeanor? | | | |
| If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.) | | | |
| Conviction #1 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #2 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |
| Conviction #3 | | | |
| Date: | | | |
| Location: | | | |
| Nature of Conviction: | | | |



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Form #5

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever been convicted of any traffic offense? If yes, please state the following: |
| Offense #1 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| Offense #2 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| Offense #3 | | |
| Date: | | |
| Location: | | |
| Nature of Offense: | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you violated any provisions in the Coon Rapids City Code during the last two (2) years? If yes, please explain: |

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. Yes; No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

Date **Signature**



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Form #6

Supplemental Investigation Information

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____



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Form #7

License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

| Personal Information: | | | |
|--|---------|------------------|--|
| First Name: | | Middle Name: | |
| Last Name: | | | |
| Email Address: | | | |
| Address of Residence: | Street: | | |
| | City: | | |
| | State: | Zip: | |
| Driver's License # | | State of Issue: | |
| Social Security # | | | |
| Business Information: | | | |
| Complete Legal Business Name: | | | |
| Doing Business As Name: | | | |
| Store Phone #: | | | |
| Business Address in Coon Rapids: | Street: | | |
| | City: | Coon Rapids | |
| | State: | Zip: | |
| Minnesota Tax ID # | | Federal Tax ID # | |
| If Minnesota Tax ID # is not required, please explain: | | | |
| | | | |

Date Signature Title