





# APPLICATION FOR LICENSE

City of Crystal  
 4141 Douglas Drive N, Crystal, MN 55422  
 Telephone: 763-531-1000 / Website: www.crystalmn.gov  
 Deaf and hard of hearing callers may call Minnesota Relay at 711.

**PLEASE PRINT CLEARLY**

Applicant's Name:	Fee:* (0100-4105) (investigation fee: 0100-4105)	\$ (including investigation fee)
Home Address:	Home Phone: ( )	
City/State/Zip:	Cell Phone: ( )	
Business Name:	Business Phone: ( )	
Doing Business As:	Email:	
<b>Business Address, including zip code:</b>		
MN Tax ID #: <small>(NOTE: you must provide a copy of the confirmation letter from the State.)</small>	Federal Tax ID #:	
If a Minnesota Tax ID number is not required, please explain here and provide your social security number:		

I enclose the sum of \_\_\_\_\_ dollars to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License.

I hereby make application to **OPERATE AS A TRANSIENT MERCHANT** at the above business address for the period \_\_\_\_\_, 20\_\_ through \_\_\_\_\_, 20\_\_, subject to all conditions and provisions of said Ordinance.

### ADDITIONAL REQUIREMENTS

1. Copy of Hennepin County license (*applies only to out-of-state businesses coming into Hennepin County*)
2. List of persons working for organization or business
3. Letter of Permission from property owner(s) where transient sales will be conducted
4. Colored picture (2" x 2") of each applicant

*The information in this Application For License is true and complete to the best of my knowledge.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

\*Fee: \$15 per day (*limited to 4 sales events per year of 1-4 days/each*)

**Plus Investigation Fee** (per person): If lived in MN all of past 10 years: \$120/1<sup>st</sup> applicant; \$25/each additional applicant  
 If lived out of MN any of past 10 years: \$125/each applicant (*fingerprinting may be required*)

### APPLICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

*(Includes Tennessee Warning)*

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information 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;
- Failure to supply this information may jeopardize or delay the issuance of your license or the processing of your renewal application

City Use Only: JDE# \_\_\_\_\_ Date Entered: \_\_\_\_\_  
 PIMS ID# \_\_\_\_\_ Council Date: \_\_\_\_\_

**PERSONAL APPLICANT INFORMATION**

Full Name: \_\_\_\_\_  
*First Middle Last*

Other names the applicant may conduct business under or answer to: \_\_\_\_\_

Applicant's physical description: Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
*Street City State Zip Code*

Applicant's Local Address: \_\_\_\_\_  
*Street City State Zip Code*

Applicant's phone number(s): \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
*Street City State Zip Code*

Employer phone number(s): \_\_\_\_\_

Number of agents/employees under this company who are participating in transient sales: \_\_\_\_\_

Address where transient sales will be conducted: \_\_\_\_\_

Date(s) to conduct transient sales: \_\_\_\_\_

Description of the nature of the business and the goods to be sold:  
\_\_\_\_\_  
\_\_\_\_\_

Supply source of goods to be sold: \_\_\_\_\_  
*Company name Phone number*

Method of delivery: \_\_\_\_\_

Have you ever been convicted of any crime or violated any municipal ordinance, other than a traffic offense?  
 Yes *or*  No

If yes, state the place, nature of the offense, and penalty assessed: \_\_\_\_\_

Name up to three other cities where transient sales occurred immediately preceding the date of this application.  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's driver's license or state-issued ID#: \_\_\_\_\_  
*State where issued*

Description of vehicle to be used: \_\_\_\_\_  
*Year Make Model License Plate Number*

**Attach a recent 2" x 2" photo of yourself, showing your head and shoulders.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**Certificate of Compliance  
Minnesota Workers' Compensation Law**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.**

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP
	CODE		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. Sec. 176.041

for a list of excluded employees.) Explain why your employees are not

covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is canceled within the license or permit period, you must notify the City of Crystal by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.**

MN LIC 04 (11/08)



4141 Douglas Drive North • Crystal, Minnesota 55422-1696

Tel: (763) 531-1000 • Fax: (763) 531-1188 • www.crystalmn.gov

### Authorization and Release

*The following information is required per Crystal City Code section 311.01, subd. 3, which authorizes a Minnesota computerized criminal history background investigation for approval or denial of a city license or permit.*

The undersigned, having filed an application with the City of Crystal ("City") for a city license, does hereby authorize and request anyone having control of any documents or information pertaining to me to furnish copies of any such documents or information to representatives of the City, and to permit said representatives of the City to inspect and make copies of any such documents or information. I further authorize any such persons to answer any inquiries concerning the undersigned, which may be submitted to them by representatives of the City. I fully understand that the City may use this information in its evaluation of my city license application. I hereby release and exonerate any person who complies with this Authorization and Release from any and all liability pertaining to the furnishing or inspection of such documents or information.

Applicant's signature: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Applicant's name: \_\_\_\_\_  
(Print legibly) First Middle Last Suffix

Have you ever been known by a name(s) other than the name provided above?  Yes  No

If yes, list name(s) and information concerning dates and places used. \_\_\_\_\_  
\_\_\_\_\_

Home address: \_\_\_\_\_  
House Number Street Name City State Zip

Day telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's license: \_\_\_\_\_  
Number State

Organization associated with: \_\_\_\_\_

Type of city license applied for: \_\_\_\_\_

Have you lived in Minnesota for all of the past 10 years?  Yes  No

If no, list previous addresses over the past 10 years (include dates at each address). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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### Certification of Financial Responsibility

This form must be completed and returned with a City license application.

To the best of my knowledge, based upon a review of the status of the property/business located in the City of Crystal at \_\_\_\_\_, I attest that the foregoing property/business is financially responsible as outlined in Crystal City Code 1005.29 (a), printed in full on the reverse of this form.

I hereby certify that I/we are current on the following financial obligations:

(Circle answers)

- Yes                      No      Property Taxes paid
- Yes                      No      Utility Bills paid
- Yes                      No      State Taxes paid
- Yes                      No      Federal Taxes paid
- Yes                      No      Other governmental obligations or claims concerning me or the business entity named on this license application

If "NO" is circled for any of the above, describe the payment plan or other agreement approved by the applicable governmental entity.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See entire Crystal City Code 1005.29 (a) on the reverse side of this form.

I certify under penalty of perjury that the foregoing is true and correct.

Executed on: \_\_\_\_\_ (date)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Note: Filing a false statement with a government agency is a criminal offense.

<b>Staff use only:</b> ___ UB ___ PrevUB ___ UB Cert ___ Tax ___ PrevTax Verified compliance: _____ <date> Staff initials: _____
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The City of Crystal has adopted the following ordinance:

**Crystal City Code 1005.29 Financial responsibility; applicability.** (a) Prior to the issuance of a license the applicant must file with the city clerk satisfactory evidence of financial responsibility. "Satisfactory evidence of financial responsibility" shall be shown by a certification under oath that the property taxes, public utility bills, and all state and federal taxes or other governmental obligations or claims concerning the business entity applying for the license are current, and that no notice of delinquency or default has been issued, or if any of the financial obligations stated in this subsection are delinquent or in default, that any such delinquency or default is subject to a payment plan or other agreement approved by the applicable governmental entity. "Satisfactory evidence of financial responsibility" as required by this subsection shall in addition be shown by any individual applicant and all individual owners and/or shareholders of the business entity. Operation of a business licensed under this section without having on-going evidence on file with the City of the financial responsibility required by this subsection is grounds for revocation or suspension of the license.

#### **What does this mean for a City-issued business license?**

Prior to issuance of a City-issued business license or renewal license, license holders are required to certify that the property taxes, utility bill, and all state and federal taxes for the property or the business entity applying are current. Also, the applicant must certify that no notice of delinquency or default has been issued or is subject to a payment plan.

#### **What will happen if a license holder is not financially responsible?**

A hearing is granted before the City Council. The Council may deny, suspend or revoke the City-issued business license. Upon providing satisfactory evidence of financial responsibility, the business owner may re-apply for the license.

**PERMISSION FOR TRANSIENT MERCHANT ON PROPERTY**

I give \_\_\_\_\_ permission to operate as a licensed transient merchant  
(transient merchant applicant)

on my property located at \_\_\_\_\_ on the following dates:  
(address)

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_, 20\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number(s)