



4141 Douglas Dr N  
 Crystal, MN 55422  
 (763) 531-1000  
 Fax: (763) 531-1188  
[www.crystalmn.gov](http://www.crystalmn.gov)

## TRANSIENT MERCHANT REGISTRATION

*Sale of farm or horticultural products*  
*No license or fee required*

City Clerk/Designee's initials \_\_\_\_\_  
 Date Received \_\_\_\_\_

Organization's name

Address of organization

Street Address

City State Zip

Name and phone number of individual  
 who is directly responsible for transient  
 sales in Crystal

Name:  
 Phone Number:

Applicant's name

Applicant's home address

*(May participate in up to four sales events per year. Each sales event may be 1 to 4 consecutive days.)*

Dates of transient sales: \_\_\_\_\_

Number of sales events: 1 2 3 4 Number of days per event: \_\_\_\_\_

Total number of days: \_\_\_\_\_

Will any commission, fee, or wage be  
 expended in connection with such sales?

Yes ( ) No ( )  
 If yes, list the amount: \$

Names and addresses of persons working with the organization involved in transient merchant sales:

- 1.
- 2.
- 3.

(attach additional sheet if necessary)

Description of goods to be sold

Name of supplier

Phone number of supplier

Address of supplier

**Date:**

**Signature:**

Submit the following items with this application:

1. **A copy of the Hennepin County License** *(applicable only for out-of-state businesses coming into Hennepin County)*
2. **A Letter of Permission from property owner(s)** where transient sales will be conducted.

**PERMISSION FOR TRANSIENT MERCHANT ON PROPERTY**

I give \_\_\_\_\_ permission to sell farm or horticultural products  
(transient merchant applicant)

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

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

\_\_\_\_\_  
Signature

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

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

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