



404 6th Avenue
Madison, Minnesota 56256
P 320.598.7373
F 320.598.7376
E madison@ci.madison.mn.us
ci.madison.mn.us

CITY OF MADISON
PEDDLERS, SOLICITORS, AND TRANSIENT
MERCHANTS PERMIT **Permit Fee \$50.00**

1. Date of Application: ____/____/____
month day year

2. _____
Last Name First Name Middle Name

3. List all other names under which the applicant conducts business or officially answers to:

4. Date of Birth: ____ ____ ____
month date year

5. Social Security Number: _____

6. Drivers License (Please supply a copy of drivers license or other photo ID):

_____ expiration date ____/____/____
number state of issuance month date year

7. Full address of permanent residence:

_____ address city state zip

8. Home telephone number: _____ Cell number: _____

9. Full legal name of all business operations owned, managed or operated by applicant, or for which the applicant is an employee or agent:

10. Full address of regular place of business:

_____ address city state zip

11. Work telephone number: _____ Cell number: _____

12. The date(s) business will be conducted in Madison (max of 14 consecutive days)
