

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

l.	Date of Application:	_/ day	_/ 		
2.		,			
	Last Name		First Name		Middle Name
3.	List all other names under	which th	ne applicant cond	acts business or offic	cially answers to:
1.	Date of Birth:				
	Date of Birth:	date	year		
5.	Social Security Number: _				
5.	Drivers License (Please sup	ply a co	opy of drivers lice	nse or other photo II	D):
				arraination data	/ /
-	number		state of issuance	expiration date	month date year
					•
'.	Full address of permanent i	residenc	ee:		
7.	Full address of permanent i	residenc	ee:		
' .		residenc		state	zin.
· •	Full address of permanent a	residenc	city	state	zip
	address		city		-
			city	state Cell number:	-
•	address Home telephone number: Full legal name of all busin	ess ope	city rations owned, m	Cell number:	
	address Home telephone number:	ess ope	city rations owned, m	Cell number:	
3.	address Home telephone number: Full legal name of all busin	ess ope	city rations owned, m	Cell number:	
).	address Home telephone number: Full legal name of all busin the applicant is an employe	ness ope	rations owned, m	Cell number:	
3.	address Home telephone number: Full legal name of all busin	ness ope	rations owned, m	Cell number:	
3.	address Home telephone number: Full legal name of all busin the applicant is an employed. Full address of regular place.	ness ope	rations owned, ment:	Cell number:anaged or operated b	by applicant, or for
3.	address Home telephone number: Full legal name of all busin the applicant is an employe	ness ope	rations owned, m	Cell number:	
3.	address Home telephone number: Full legal name of all busin the applicant is an employed. Full address of regular place.	eess ope	rations owned, ment:	Cell number:anaged or operated b	by applicant, or for

13.	Local location of business operations while in Madison:Phone number							
14.	Phone number the applicant may be reached at while conducting business in Madison:							
15.	Physical description: height	weight	hair color	eye color				
16.	General description of the items to be sold or services to provided:							
miso	nses? Yes No	ate or federal stati	utes or any lo	ocal ordinance, other than traffic				
	If yes, please explain:							
18.	List the three most recent loca transient merchant. (1)			conducted business as a peddler or				
	city, state			City, same				
19.	Provide proof of any required county license:							
20.	Provide the license plate number, registration information and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle:							
21.	Other pertinent information:							
	Signature of City Clerk or design processing application	 nee		Signature of Applicant				
		for staff us	se only					
	Sheriff signature (see attached signed statement indicating findings of background check)							
chec		l to sign attached si	tatements auth	norizing reference and background				
	approved	denied	Reason	n for denial				