

# City of Cromwell

1272 Hwy. 73, PO Box 74  
Cromwell, MN 55726  
Ph.: 218-644-3570  
Email: cityofcromwell1872@gmail.com  
Website: cromwell.govoffice.com

Mayor: Sharon Zelazny  
Councilors: Raymond Lally  
Lisa Irving  
Ed Raisanen  
Alex French

## PEDDLER/SOLICITOR/TRANSIENT MERCHANT LICENSE & APPLICATION

**CITY OF CROMWELL**  
1272 Hwy 73, PO Box 74  
Cromwell, MN 55726  
PHONE: (218) 644-3570 ext. 10

**FEE: \$25**  
**(\*Fee must be submitted with application)**

DATE \_\_\_\_\_

### FULL LEGAL NAME:

\_\_\_\_\_  
FIRST MIDDLE LAST

### TRADE NAME (DBA) OR ALIAS IF USED:

\_\_\_\_\_

### FULL ADDRESS OF APPLICANTS PERMANENT RESIDENTIAL ADDRESS:

\_\_\_\_\_  
STREET CITY STATE ZIPCODE

PHONE AND CELL PHONE NUMBERS (P) \_\_\_\_\_ (C) \_\_\_\_\_

PHYSICAL DESCRIPTION M or F (circle one) Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Distinguishing Marks or Features (If any):

\_\_\_\_\_

**FULL LEGAL NAME OF ANY OR ALL BUSINESS OPERATIONS OWNED, MANAGED, OR OPERATED BY THE APPLICANT, OR FOR WHICH THE APPLICANT IS AN EMPLOYEE OR AN AGENT.**

Attach additional sheets if necessary

### FULL ADDRESS OF APPLICANTS REGULAR BUSINESS ADDRESS IF ANY EXISTS:

\_\_\_\_\_  
STREET CITY STATE ZIPCODE

### ALL BUSINESS PHONE NUMBERS:

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

### DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD:

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

**LOCATION(s) WHERE BUSINESS IS TO BE CONDUCTED**

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**\*If location is owned by another party, a copy of written consent/permission of the property owner or the property owner's agent to use the location must be provided.**

**HAVE YOU BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR MISDEMEANOR WITHIN THE LAST FIVE YEARS FOR VIOLATING ANY STATE OR FEDERAL STATUTE OR ANY LOCAL ORDINANCE, OTHER THAN MINOR TRAFFIC OFFENCES?**

YES NO (Circle One)

If you circled yes, list all offences in order of newest to oldest:

|             |                 |                    |
|-------------|-----------------|--------------------|
| Date: _____ | Location: _____ | Disposition: _____ |
| _____       | _____           | _____              |
| Date: _____ | Location: _____ | Disposition: _____ |
| _____       | _____           | _____              |
| Date: _____ | Location: _____ | Disposition: _____ |
| _____       | _____           | _____              |
| Date: _____ | Location: _____ | Disposition: _____ |
| _____       | _____           | _____              |

\*Attach additional sheets if necessary

**IF A VEHICLE WILL BE USED, INCLUDE A DESCRIPTION OF THE VEHICLE:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
License Plate Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

**A LIST OF THE THREE MOST RECENT LOCATIONS WHERE THE APPLICANT HAS CONDUCTED BUSINESS AS A SOLICITOR/PEDDLER OR TRANSIENT MERCHANT**

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- APPLICANT MUST PROVIDE PROOF OF ANY REQUIRED COUNTY LICENSE AND PROOF OF INSURANCE IF REQUIRED BY CITY COUNCIL.
- A PHOTOCOPY OF A PICTURE IDENTIFICATION SUCH AS DRIVER'S LICENSE MUST ACCOMPANY THIS APPLICATION.
- A BACKGROUND CHECK MAY BE CONDUCTED BEFORE LICENSE IS ISSUED.

*I understand and agree to abide by the terms as listed in the City of Cromwell, Ordinance #11.4.01*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

APPLICATION **APPROVED/DENIED** (CIRCLE ONE) ON \_\_\_\_\_  
BY \_\_\_\_\_

\*Approved license to be carried with licensee when engaging in peddling, soliciting, and transient merchant activities.

\*Failure to provide all information required on the application, or providing false or misleading information will result in denial of the application.

**License Expires:** \_\_\_\_\_ days from issued date of \_\_\_\_\_.

**Office Use:**

Payment Received:

Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_ # \_\_\_\_\_

**TOTAL PAID:** \_\_\_\_\_ **Balance Due:** \_\_\_\_\_