



**APPLICATION FOR PEDDLERS, SOLICITORS AND TRANSIENT MERCHANTS**

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

<b>Company Name (If applicable)</b>	
<b>Applicant Name (First, Middle, Last)</b>	
<b>Date of Birth</b>	
<b>Driver's License #</b>	
<b>Personal Address</b>	
<b>Address of Company (If applicable)</b>	
<b>Phone Number</b>	
<b>SSN</b>	
<b>MN Tax ID Number</b>	
<b>Email Address</b>	

**LIST BELOW THE NAMES AND ADDRESSES OF ALL PERSONS THAT WILL BE SOLICITING:**  
(Use additional paper if needed)

<b>Name (First, Middle, Last)</b>	<b>Address</b>	<b>Date of Birth</b>	<b>Driver's License #</b>	<b>SSN</b>

<b>Date(s) of Solicitation:</b>	<b>From:</b>	<b>To:</b>
<b>Hours of Solicitation:</b>	<b>From:</b>	<b>To:</b>

**CITY OF WYOMING**

wyoming@wyomingmn.org • Phone: 651-462-0575 • Fax: 651-462-0576

PO Box 188 • 26885 Forest Boulevard • Wyoming, MN 55092

**DESCRIPTION OF MERCHANDISE TO BE SOLD:**

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**LIST OF VEHICLES USED- INCLUDING MAKE, MODEL, YEAR, LICENSE NUMBER**

<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>LICENSE NUMBER</b>

<b>License Application Fee:</b>	\$150.00
<b>Each Additional Solicitor:</b>	\$50.00

**DATA PRACTICES ADVISORY:** The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant(s), to contact the applicant(s) if additional information is required and to determine if the applicant(s) meets all ordinance requirements.

Possession of this valid permit means that Wyoming City officials have verified the identity of the Solicitor(s) and investigated their criminal background.

The permit is valid only if it contains the original signatures of the Wyoming Director of Public Safety and City Administrator/Clerk, and the raised-letter City Seal. Wyoming residents are encouraged to report non-complying solicitors and/or those employing offensive solicitation tactics.

Public Safety Director \_\_\_\_\_

City Administrator/Clerk \_\_\_\_\_

(Seal)



## STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application and a copy of their Driver's License)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Wyoming its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Wyoming City Code, which is available on the City website at [www.wyomingmn.org](http://www.wyomingmn.org) and to be familiar with and abide by the laws of the City of Wyoming and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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Wyoming, MN 55092  
Phone: 651-462-0575  
[www.wyomingmn.org](http://www.wyomingmn.org)

I have read the applicable City Code and will strictly comply with all the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge.

**TENNESSEN WARNING**

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Tennessee Warning and certify that the statements in this application are true and correct to the best of my knowledge.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_



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## **Location of Transient Merchant Doing Business from Fixed Location**

I understand my transient merchant doing business from a fixed location must observe to the following requirements:

- Transient Merchants shall operate only during the hours of 10:00 a.m. to 7:00 p.m.
- Transient Merchants may not obstruct the movement of pedestrians or vehicles and may not pose a hazard to public safety.
- Transient Merchants must dispose of their gray water daily and may not be drained into city storm water drains.
- Refuse containers must be provided for customers. The operator of the transient merchant is responsible for removing all litter and refuse associated with their operations.
- All structures, vehicles, stands, fixtures, displays and signs must be removed from the site within 24 hours after the expiration of the license.

You are required to submit a drawing or a map showing the details of your transient merchant business occupying space at the property. The details should include dimensions and distances from adjoining roadways, parking, access points, fire lanes, pedestrian lanes, other structures, circulation lanes, permanent and temporary signs and any other features.

Attached is a map of the premises and temporary signs where the transient merchant business will be located

(OR)

A drawing of the premises and temporary signs where the transient merchant business will be located is in the space below

I have read and understand the above information.

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**Date**

**Signature**