

Transient Merchants License Application

To the County Auditor-Treasurer of Sibley County, State of Minnesota:

For the purpose of securing license to engage in, do and transact business under the provisions of M.S.A. Section 329.11 within the County of Sibley and State of Minnesota, for and during the term commencing on _____, 20__ and terminating on _____, 20__, the undersigned respectfully makes application for such license, and submits the following statement of facts as provided by law:

1. Name of Applicant and Contact Phone #: _____ Sales Tax Number: _____

2. Place(s) of residence for the prior two year period:

3. Business address(es) for the prior two year period:

4. Type of business engage in for previous two years:

5. Proposed place of business:

6. Kinds of business proposed to be conducted:

7. Length of time for which applicant desires to do business:

8. The following information must accompany this application:
 - ☐ An itemized list of merchandise being offered for sale, including
 - A description of each item
 - The serial number of each item, if any
 - The owner's actual cost of each item
 - A designation by number corresponding with a number to be affixed to each item by a tag which shall be kept fastened to the item at all items until sold.
 - ☐ A surety bond to the County, conditioned on the terms according to Minnesota Statutes, section 329.11, in the amount of at least \$1,000 but not over \$3,000.
 - ☐ A license fee of \$150, payable to Sibley County Auditor-Treasurer

- ☐ A copy of the seller's permit as issued under Minnesota Statutes, section 297A.83 **or** a written statement from the applicant stating that applicant is not offering for sale any item that is taxable under Minnesota Statutes, Chapter 297A.

I, the undersigned, swear under oath and penalties of perjury that all statements made in this application are true and correct.

Signature of Applicant

Date

Subscribed and sworn before me this ____ day of _____, 20____.

Signature of Notary Public or Deputy Auditor: _____

(Notary Stamp or Seal)

Filed this ____ day of _____, 20____.

County Auditor-Treasurer

By: _____
Deputy