



Application for Peddler's License

Office Use Only

Application #: _____

Total: \$150

Employee Initial _____

Length of time during which regulated activity is to be conducted: _____
(Not to exceed 30 days on length.)

Applicant Information

Name of applicant: _____ Social Security #: _____

Home address: _____

Home phone #: _____ Business phone #: _____

Name of business: _____

Business address: _____

Manager or supervisor's name: _____ Business number: _____

The following items must be completed and/or accompany the completed application

Date of birth: _____ Sex: ☐ Female ☐ Male

Color of hair: _____ Color of eyes: _____

Height: _____ Weight: _____ Race: _____

Give a brief description of the nature of the business and the goods to be sold: _____

If the goods are food items, the Olmsted County Health Department or the Minnesota Department of Agriculture must issue a permit. List the number of the permit below and the date issued. The permit must be issued before the Peddler's license can be approved.

Olmsted County Health Department. Phone: (507) 328-7500 Email: planreview@olmstedcounty.gov

Minnesota Department of Agriculture. Phone: (651) 201-6194 Email: MDA.Plan.Review@state.mn.us

Permit Number: _____ Date Issued: _____

Has the applicant or the business ever been convicted of a violation of an ordinance of the County of Olmsted or another municipality?

☐ Yes ☐ No

If yes, give a description of the nature of the violation, the date of the conviction and the name of the city involved:

Has the applicant ever been convicted of a violation of any statute of the United States, the State of Minnesota, or any other State?

☐ Yes ☐ No

If yes, give a description of the nature of the violation, the date of the conviction and the name of the state or other jurisdiction involved:

Vehicle Information

License number and description of each vehicle used in connection with the regulated activity:

Vehicle #1: License Number: _____

Description: _____

Vehicle #2: License Number: _____

Description: _____

Current Driver's License or Identification Card displaying a picture must be provided in person.

Areas of the county to be canvassed: _____

REQUIRED – Sign this form in front of a notary public

I hereby certify that the information provided herein is true and correct to the best of my knowledge and belief, and the Common Council of Olmsted County may rely on the accuracy of such information provided in determining whether or not a license should be issued.

Applicant's signature _____
(Signature must match the name of the applicant on page one.)

Notary:

Signed or attested before me on: _____

day of _____, 20_____

Printed name of notary public: _____

Notary public signature: _____

Notary Stamp/Seal

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County Sheriff Approval: _____ Date: _____

Fees

Total Due \$150 (Fees are due with the application and are not refundable.)

Payment method

- ☐ Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: _____ Card number: _____

Valid through (MM/YY): _____ 3-digit code: _____

- ☐ Check number: _____ Make check or money order **payable to Olmsted County**. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.

- ☐ Money order number: _____

Send your application and payment to:

Olmsted County Vital Records Office

151 4th Street SE

Rochester, MN 55904

Fax: (507) 328-7965 (credit card payments only)

Contact Vitals with questions at: Email: vitals@olmstedcounty.gov Phone: (507) 328-7660 Page 3 of 3