

Peddler Application

City Code Chapter 115

**A peddler is someone who goes from place-to-place (door-to-door, street-to-street, etc.) offering items/services for sale and delivering the items/services immediately upon sale.*

*Permitted selling hours are 7:00 a.m. to 9:00 p.m.



Fees:

Investigation (non-refundable)	\$25.00
_____ One Day	\$30.00
_____ Month	\$100.00
_____ Year	\$225.00

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

Applicant Information

Name: Last:	First:	Middle:	Maiden:
Address:			
City/State/Zip:			
Phone:		Cell Phone:	
Email Address:			
Date of Birth:	Driver's License State <u>AND</u> Number:		
Local Address <u>AND</u> Phone number where you are staying:			
Three most recent locations where you have been issued the same permit:			
1. _____			
2. _____			
3. _____			

Business Information

Name:	
Address:	
City/State/Zip:	
Phone:	Website:
Proposed dates of sales:	
Proposed hours of sales:	
Proposed location of sales:	
Name and description of products:	
Vehicle(s) used for this business (<i>If more than one, please list separately</i>):	
Make	Model

Year	License Plate Number

Additional Required Documents

- Color Copy of Driver's License or other form of Identification.
- Certificate of Insurance.
- For food vendors only:** Copy of MN Department of Health or Department of Agriculture License.

Data Practices Notice

Every city in Minnesota must comply with the Minnesota Government Data Practices Act (MGDPA), which, in conjunction with other state and federal laws, classifies all government data. Government data are classified in different categories depending on whether they are accessible by the public.

Government data means all data collected, created, received, maintained or disseminated by the City regardless of its physical form, storage media or conditions of use. There is a presumption that government data are public and are accessible by the public for inspection and copying unless there is a federal law, state statute or temporary classification of data that provides differently.

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, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license. I agree to abide by the provisions of this application and all applicable City polices and ordinances.

Signature of Applicant

Date

Application Checklist

	Peddler Application.
	Application fee, including the non-refundable background check fee. Check should be made payable to the City of Hastings. Credit card and cash is also accepted.
	Current Copy of Certificate of Insurance
	Current Color Copy of Driver's License or Other Form of Identification
	Release of Information-Application for a City License Form
	Information for License Investigation for City of Hastings Form
	Ordinance Review Sign Off Form
	Tennessee Warning
	<i>If Food Merchant:</i> Copy of Current MN Department of Health or Department of Agriculture License

Return the completed application packet and the required fee to the Deputy City Clerk. Once all required documents have been received and the fee has been paid, the application will be reviewed. Application shall be made at least 10 regular business days before the proposed dates of sale.

Submit Application and Fees to:
Erica Henderson
Deputy City Clerk
101 4th Street East
Hastings, MN 55033
ehenderson@hastingsmn.gov
651-480-2343

TENNESSEN WARNING

When the City of Hastings (“City”) collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

Classification of Data Provided

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID’s, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

Purpose and Intended Use

The data requested on each application will be used in determining whether you meet the City's qualifications and requirements for the license you are applying for. If a background check is required, the data from your application will also be used by the City and the Hastings Police Department as required by Hastings City Code § 33.01.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Signature

Date

**INFORMATION FOR LICENSE INVESTIGATION
FOR CITY OF HASTINGS**

Type of license applying for:

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Liquor	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Transient Merchant
<input type="checkbox"/> Massage	<input type="checkbox"/> Amusement	<input type="checkbox"/> Hauler	<input type="checkbox"/> Other: _____	

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Maiden Name		
Home Address:					
City/State/Zip:					
Length of time at that Address: <i>If less than 5 years, list previous addresses on additional sheet.</i>					
Email Address:					
Home Phone:		Business Phone:			
Cell Phone:		Date of Birth:			
Driver's License Number	State	Expiration	Social Security Number:		
Physical Attributes					
Sex	Race	Height	Weight	Eye Color	Hair Color
Current Employer:					
Previous Employer for the past 5 years: <i>Use additional sheets if necessary.</i>					

LOCAL BUSINESS INFORMATION

Business Name	Store Number	Address
Store Manager/Representative and Position:		
Phone Number:		
Email Address		

CORPORATE INFORMATION: (if applicable)

Name:
Address:
Contact Person:
Phone Number:
Email Address:

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant _____

Social Security #* _____
For individual business owner only, not partnership, corporation, etc.

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

*2008 Minnesota Statutes

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

**City of Hastings
Acknowledgement of
Review of Ordinance**

I hereby acknowledge that I have read, understand and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

Applicant Signature

Date



Pride 2022 Vendor Form

Business/Organization Name _____

Business Type _____

Email: _____

Phone Number: _____

Contact Name: _____

Products you will be selling/promoting: _____

Special request:

Vendor cost: \$60 (includes city permit)

Office Use Only:

Approved

Declined

Notes:

IDEA Hastings will do every thing possible to make sure the event is safe for all. However, accidents do occur. This Release and Waiver of Liability is executed this ___day of _____,2022, by _____ (the "Vendor") in favor of IDEA Hastings and its directors, officers, employees, volunteers, and agents. I, the Vendor, hereby freely and voluntarily, without duress, execute this Release under the following terms: Waiver and Release I hereby release and forever discharge and hold harmless IDEA Hastings and its successors and assigns from any and all liability, claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation with the 2022 Pride Parade and Festival or event sponsored, managed, arranged, or promoted by, or otherwise affiliated or associated with IDEA Hastings. I understand and acknowledge that this Release discharges IDEA Hastings from any liability or claim that I may have against IDEA Hastings, with respect to any bodily or other injury, illness, death, or property damage that may result from my participation. I also understand that IDEA Hastings does not assume any responsibility or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness, death, or property damage. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed by and interpreted in accordance with the laws of this state, county, city and/or township. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release. By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature Of Vendor

Date

Printed Name Of Vendor

Printed Name Of Business

