

111 Hassan Street Southeast Hutchinson, MN 55350 (320) 587-5151/Fax: (320) 234-4240

## City of Hutchinson APPLICATION FOR PEDDLERS AND TRANSIENT MERCHANTS (Under Ordinance No. 111)

Applic	ation Type (choose one)						
	Annual Peddler/Transient Merchant	\$125.00	Date of Application:				
			License Period: License Period: Expires on December 31 <sup>st</sup> of license year				
			□ Valid for the following dates:to				
	Temporary Peddler/Transient Merchant	\$30.00 – up to three consecutive days	Dates of sale:				
Applic	ant Information						
Аррііс	2" X 2" Picture Required						
		1.					
		Name:					
		Height: W	eight: Eye Colo	r:			
		Driver's License Numbe	er:	State:			
		Permanent Address:					
		City	State	Zip			
		Permanent Telephone:					
		Temporary Address:		<u>.</u>			
		C*+ .		7:			
		<i>City</i>	State	Zip			
	Temporary Telephone Access:						
	ve you been convicted of any c		violation of any municipal or	dinance, other			
than traffic violations?  yes  no							
If y	If yes, state the nature of offense and punishment or penalty assessed therefore:						

Location Information			
Location Name (CANNOT OCCUPY PUBLIC RIGH	T-OF-WAY)		
Location Address	City	<u>Ctata</u> Zin	_
Location Address	City	State Zip	
If the applicant is not the property owner,			
the property owner must sign below granting permission for use of said			
property:			
Property owner signature	Property owner name		
	Property owner name		
Business Information			
Describe relationship between applicant and en	mployer:		
Describe nature of business and describe item	(s) offered:		
			_
Describe method of delivery:			
,			
			_
Describe source of supply:			_
Describe source of suppry.			
Supplier Name		Suppler Phone Number	—
Supplier Address	City	State Zip	—
Supplier Name		Suppler Phone Number	
Cuppling Addropp		Chata Zin	
Supplier Address	City	State Zip	
Supplier Name		Suppler Phone Number	
Supplier Address	City	State Zip	_
Reference Information			
Provide two (2) property owners (in McLeod C	ounty) for character refer	בחרבכי	
Property Owner Name		operty Owner Phone Number	—
Property Owner Address	City	State Zip	
Property Owner Name	Pro	operty Owner Phone Number	_

Property Owner Address

City

State

Zip

Reference Information (continued)					
List last (up to three (3)) previous city(ies) where you carried on same activity (immediately preceding today's date):					
		to			
City	State	Date(s) of Activity			
		to			
City	State	Date(s) of Activity			
		to			
City	State	Date(s) of Activity			

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The following items need to be completed and/or attached in order for the application to be processed:

Application/Investigation fe	e paid in full (	check or money order):	🛛 yes	🗖 no
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Application completed in full and signed:  $\Box$  yes  $\Box$  no

I hereby certify I have completely filled out the entire above application and that the application is true, correct, and accurate. I fully understand that any person who violates any provision of the Peddlers, Solicitors, and Transient Merchants Ordinance Chapter 111 is guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00 or by imprisonment for a period not exceeding 90 days or both, plus, in either case, the costs of prosecution.

Applicant's Signature

Date

Internal U	se Only
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Police 🛛 ap	proved 🗆 de	enied Note	s:	
City Council	approved	denied	Notes:	

## Release of Information Form

As an applicant for a permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Info	rmation (Please Print)				
Name:	First Name	Middle Name		Last Name	
Address:					
	<u></u>	Country			_
C	City	County	State	Zip	
Date of Birth					
	Month	Day	Year		
Place of Birth	:				
	City	St	tate		
Social Securit	ty Number:				_
Driver's Licer	se Number:				_

\*Please allow two weeks lead time for an investigation (this **<u>does not</u>** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).

Applicant's Signature

Date