

City of Oronoco
APPLICATION FOR A PEDDLER'S LICENSE



Length of Time During Which Regulated Activity is to be Conducted; Not to Exceed 30 Days in Length.

Name of Applicant _____
(Last) (First) (Complete Middle)

Home Address _____

Telephone (Business) _____ (Home) _____

Social Security Number _____

Name of Business _____

Business Address _____

Manager or Supervisor's Name _____

Managers Business Telephone Number _____

The following items **MUST** be completed and/or accompany the complete application.

1. Date of Birth: _____ Sex: Male _____ Female _____
Color of Hair: _____ Color of Eyes: _____
Height: _____ Weight: _____ Race: _____

2. A brief description of the nature of the business and/or the foods to be sold:

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

Olmsted County Health Department (507) 285-8342
Department of Agriculture (507) 280-2935

Permit Number _____ Date Issued _____

4. Has the applicant or the business ever been convicted of a violation of an ordinance of the City of Oronoco or any other municipality? Yes _____ No _____

5. Has the applicant or the business ever been convicted of a violation of any statute of the United States, State of Minnesota or any other state? Yes _____ No _____

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

Vehicle #1

License Number _____

Description _____

Vehicle #2

License Number _____

Description _____

7. Current Drivers License or Identification card displaying a picture must be provided in person.

8. Dates and Areas of the City you will be soliciting: _____

9. License Fee: see current Fee Schedule for pricing (fees are Non-Refundable).

Make Check or Money Order payable to the City of Oronoco and return it to City Hall located at 115 2nd St NW, Oronoco MN 55960.

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

(Signature of Applicant)

Subscribed and sworn to before me this

_____ day of _____, 20____

(Notary Public)