



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
 Expiration: June 1
 License Code: L040
 Rev Code: 311008
[MCO](#): 332
 Adm Issuance: Yes

Registration Guidelines and Checklist

Registration Type: Solicitor

Definition: A person who obtains orders for merchandise or services for future delivery. Registration required. No fee. (L040)

Similar Licenses:

Transient Merchant: A person who temporarily sets up business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of selling goods. Individuals may not remain in one location for more than 14 consecutive days. Delivery and payment occur immediately. (L142)

Non-Commercial Advocate: A person who disseminates religious, political, social, or other ideological beliefs. No registration, license, or identification card is required.

Peddler: A person who offers merchandise or services for sale door-to-door, including house-to-house, business-to-business, street-to-street, or any other type of place-to-place movement. Delivery and payment occur immediately. (L035)

Youth Fundraiser: A person, age 17 and under, selling merchandise or services or seeking donations on behalf of a school, church, sports or scouting organization. One registration is required per group and individuals must display a city approved identification badge. No fee. (L039)

Staff Initials	Application Checklist
	<input type="checkbox"/> 1. Registration Application (Form #1)
	<input type="checkbox"/> 2. Photo ID: Attach a copy of a driver’s license or government issued photo identification card.
	<input type="checkbox"/> 4. Fee: <u> 0 </u>

- 1. Your Registration Application**
 - a. Incomplete applications will be returned.
 - b. Registrations are not transferable.
 - c. Make a duplicate copy of this packet for your personal records before submitting.

- 2. Identification Cards**

Each solicitor, peddler, and transient merchant will be issued an identification card from the division of Licenses and Consumer Services which expires on June 30th each year unless otherwise noted on your identification card. You are required to display your identification card at all times while engaged in solicitation and present upon request.

- 3. Information in Other Languages**

Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



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License Application/Registration
For Peddlers, Solicitors, and Transient Merchants

1. BACKGROUND INFORMATION
Applicant (First, Middle, Last)
Other names you have ever used or been known by (First, Middle, and/or Last)
Home Street Address
City
State
Zip Code
Local Address (If home address is out of state)
City
State
Zip Code
Social Security or Individual Tax ID
E-mail Address
Cell Phone Number
Name of Business/Company
Telephone Number
Fax Number
Street Address of Business
City
State
Zip Code
Name of Manager
E-mail Address
Cell Phone Number
Describe in detail the type and brand name of the merchandise or services for sale
List the last three locations where you have worked as a peddler, solicitor, or transient merchant.
1. 2. 3.
Are you an owner operator manager agent and/or employee of any business? If yes, list the business name(s).
List any licenses currently or previously held in Minneapolis.
Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If yes, indicate the date of denial/revocation, governmental agency, and reason for denial/revocation.
2. IDENTIFICATION CARD REQUIREMENTS
Date of Birth (dd/mm/yyyy) Age Height ft in Weight lbs
Hair Color Eye Color Race/Complexion
3. VEHICLE INFORMATION
Year Make Model
Color License Plate Last six digits of VIN

4. DATA PRIVACY ADVISORY – This section is not required for Solicitor’s Registration

Have you been convicted of a felony or gross misdemeanor within the past five years? Yes No N/A Solicitors

The Minnesota Data Practices Act requires that you be advised of the following information:

As an applicant for a Minneapolis business license, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. With the exception of your Social Security Number, the information you provide is public and will be used by the Minneapolis Police Department, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council and/or the general public. This AUTHORIZATION FOR RELEASE OF INFORMATION will expire two years from the date you sign it.

I have read and understand the above Data Practices Advisory.

Signature _____ Date _____

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. 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 Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your 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.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ **DATE** _____