



**City of Isle**  
 285 Second Ave. S., PO Box 427  
 Isle, MN 56342  
 320-676-3641  
 Fax: 320-676-1084  
[info@cityofisle.com](mailto:info@cityofisle.com)

**PEDDLER | SOLICITOR | TRANSIENT MERCHANT  
 LICENSE APPLICATION**

It is unlawful for any peddler, solicitor or transient merchant to engage in any such business within the City of Isle without first obtaining a permit through the City of Isle. All permits are approved by City Council prior to issuance. **All applicants must apply in person and present photo identification.**

**1. TYPE OF APPLICATION (Fees subject to change without notice.)**

**\$20/day                      \$150/6 months                      \$300/year**

- |   |                               |                               |                                    |
|---|-------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> <b>Peddler: (Per Day):</b>       | <input type="checkbox"/> Foot | <input type="checkbox"/> Cart | <input type="checkbox"/> Wagon/Car |
| <input type="checkbox"/> <b>Solicitor:</b>                | <input type="checkbox"/> Day  | <input type="checkbox"/> Week | <input type="checkbox"/> Month     |
| <input type="checkbox"/> <b>Transient Merchant/Group:</b> | <input type="checkbox"/> Day  | <input type="checkbox"/> Week | <input type="checkbox"/> Month     |

**2. APPLICANT INFORMATION**

Applicant's Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is this your permanent address?**  Yes  No If no, please provide permanent address:

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**3. LOCATION AND GOODS**

Describe the goods that will be sold:

\_\_\_\_\_

\_\_\_\_\_

Describe location(s) where goods will be sold:

\_\_\_\_\_

\_\_\_\_\_

If a vehicle will be used, provide description:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ Plate No.: \_\_\_\_\_

**4. HOURS AND DURATION OF SALE**

List the dates and hours you will be selling:

\_\_\_\_\_

\_\_\_\_\_

**5. EMPLOYER/SUPPLIER**

Employer/Supplier Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**6. CRIMINAL BACKGROUND**

A Criminal Background Check is required prior to issuance of the permit. Is the Background Check Consent Form and appropriate fees attached to this application?  Yes  No

Have you ever been convicted of a crime, misdemeanor, or violation of any ordinances related to soliciting and peddling?  Yes  No If so, provide details, location, and date:

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**7. PREVIOUS LICENSES HELD**

Please list the last municipalities, including state and dates worked, where you have conducted this business:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**8. APPLICANT SIGNATURE:**

- I have fully read and understand city code pertaining to peddlers, solicitors and transient merchants in its entirety, and agree to respect and obey all regulations of Isle’s city code regarding the regulations with regard to mobile food units.
- I agree to abide by the times of day of selling products between 8:00 a.m. and 4:30 p.m.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

State of Minnesota     )  
   )SS  
 County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 21\_\_\_\_ personally appeared before me \_\_\_\_\_, who by me duly sworn, state that he/she acknowledged and signed said document on his/her own behalf.

\_\_\_\_\_  
 Notary Public

**Staff Use Only:**

Date App. Received:	Amount Paid:	Receipt No.:
Background Consent Form Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Check # _____	Background Check Received from State of MN and Clear? <input type="checkbox"/> Yes <input type="checkbox"/> No   Date: _____
Council Meeting Date:	Approved Dates:	Permit Number:
Issued Date:	Staff Signature:	



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### ***Peddlers or Buyers License Application Instructions***

The following forms must be completed by each individual that will be going door-to-door, or stationary selling, buying goods or services such as gold, silver or items of value and making an application for a peddlers or buyers license:

- 1. Application form for (Circle one) Peddlers or Buyers License.
- 2. Certificate of Compliance Dept. of Revenue Information.
- 3. Certificate of Compliance Workers' Compensation Law.
- 4. Criminal History Consent Release, with Tennessee Warning.

**These forms are to be submitted with the following fee:**

**\$20/day      \$150/6 months      \$300/year**

*Cash or Check payable to the City of Isle*

*Note: The fee is Not Pro-rated and is non-refundable.*

Review completed application packet shall be submitted, with required fee, to the City Clerk. If applicant is submitting the application in person, the applicant will be required to show a government issued photo identification at that time.

If applicant is mailing an application packet, the applicant should mail a copy of the government issued photo identification along with the application. Upon approval of the application, the applicant will be asked to appear in person to show proper photo identification.

All licenses need to be approved by the Police Department. Please note that this process may take 5-10 business days.

If applications are denied, applicants may appeal a denial to the City Council in accordance with the Isle City Code.

**CITY OF ISLE, MINNESOTA**  
**“TENNESSEN WARNING”**

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Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified as **Private**: (13.41, Subd. 2.).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipating of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order, and City officials who have a bona fide need for it. The City of Isle may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doing Business As

\_\_\_\_\_  
Print Name



GENERAL AUTHORIZATION AND RELEASE PURSUANT TO  
MINNESOTA STATUTE 13.06 SUBD. 4 MINNESOTA DATA PRACTICES ACT

TO: CITY OF ISLE POLICE DEPT AND MN BUREAU OF CRIMINAL APPREHENSION

I hereby authorize and grant my informed consent to permit you to release and to make available to the City of Isle, Minnesota and /or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data, which I authorize to be released, consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City of Isle to have access to this information is to determine my suitability for a Transient Merchant Permit within the City.

By signing this authorization, I hereby release the Bureau of Criminal Apprehension from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City of Isle from any and all liability for its receipt and use of data received pursuant to this consent.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Isle or to you of that fact.

\_\_\_\_\_  
Print Full Name (first, middle, last)                      Date

\_\_\_\_\_  
License Number    Date of Birth

\_\_\_\_\_  
Address    City    State    Zip

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_

(Stamp)