

APPLICATION # _____

DATE RECEIVED _____

RECEIPT NUMBER _____

AMOUNT PAID _____

CITY OF ROCHESTER, MN.

APPLICATION FOR 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 _____

Telephone (Business) _____

The following items must be completed and/or accompany the completed application.

1. Date of Birth: _____ Sex: M _____ F _____
Color of Hair: _____ Color of Eyes: _____
Height: _____ Weight: _____
Race: _____

2. A brief description of the nature of the business and 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 Rochester can issue the Peddler's License.

Olmsted County Health Department (507) 328-7500

Department of Agriculture (507) 280-2935

Permit Number _____ Date Issued _____

4. Has the applicant or the business ever been convicted or a violation of an ordinance of the City of Rochester or another municipality?

Yes _____ No _____

If yes, give description of the nature of the violation, the date of the conviction and the name of the city involved:

5. Has the applicant ever been convicted of a violation of any statute of the United states, State of Minnesota or any other state?

Yes _____ No _____

If Yes, give description of the nature of the violation, the date of the conviction, and the name of the State or other jurisdiction involved:

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. Areas of the City to be canvassed:

9. License Fee \$50.00 Per Application (Non-Refundable)

Make Check or Money Order payable to the **CITY OF ROCHESTER** and return to the **OFFICE OF THE CITY CLERK, ROOM 135, 201 4TH ST SE, ROCHESTER, MN. 55904.**

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

(Signature of Applicant)

If it is determined that any information contained in the application is false or inaccurate, your application will be rejected and you will need to re-apply and pay the application fee again.

Subscribed and sworn to before me this

_____ day of _____, 20 _____

(Notary Public)

FOR OFFICE USE ONLY

Police Department Approval _____ *Date* _____
(Signature)

Date of Approval / Issuance _____

License Number _____

cc:Police Communications

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

LICENSE AND PERMIT DATA

“TENNESSEN WARNING”

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION

PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

**THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.**

To exercise these rights, contact the City Clerk’s Office, Room135, City Hall, Rochester, Mn. 55904

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

(Signature of Data Subject)

(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant