



APPLICATION FOR TEMPORARY OUTDOOR SALES PERMIT

Applicant Name (First, Middle, Last)	
Date of Birth	
Home Address	
Phone	
Business Name:	
Business Address	
Type of Business:	
MN Tax ID Number	
Email Address	

LIST ANY AND ALL NAMES UNDER WHICH THE APPLICANT HAS OR DOES CONDUCT BUSINESS

LIST BELOW THE NAMES AND ADDRESSES OF ALL PERSONS ASSOCIATED WITH YOUR BUSINESS:
(Use additional paper if needed)

NAME	ADDRESS

LOCATION WHERE BUSINESS IS TAKING PLACE: * MUST INCLUDE MAP*****

LICENSE PERIOD	From:	To:
HOURS OF OPERATION	From:	To:

DESCRIPTION OF MERCHANDISE TO BE SOLD:

License Fees for Peddler License and Solicitor License	
\$50.00	90 DAYS (MAXIMUM)

Applicant Signature: _____ Date: _____

DATA PRACTICES ADVISORY: The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

FOR OFFICE USE ONLY

BUILDING APPROVAL _____ DATE: _____

ZONING APPROVAL _____ DATE: _____

ADMINISTRATIVE APPROVAL _____ DATE: _____

FIRE DEPT. APPROVAL _____ DATE: _____

APPROVED BY: _____ DATE APPROVED: _____

LICENSE NO.: _____ RECEIPT NO.: _____

SPECIAL CONDITIONS: _____

INDEMNIFICATION AGREEMENT

THIS DOCUMENT IS REQUIRED

TO: City of St. Francis
23340 Cree Street NW
St. Francis, MN 55070

The following agreement must be signed and notarized by the owner, authorized partner, or authorized officer(s) of the company. If a partner or officer signs, it must be accompanied by the written authorization of the partnership of the corporation, (such as a corporate resolution or written approval of all partners).

In consideration for the grant of this license by the City of St. Francis, the undersigned licensee agrees as follows:

- 1. OBSERVANCE OF LICENSE AND ALL LAWS.** The undersigned shall faithfully observe, keep and obey all terms and conditions of the license or permit, and all laws, rules and ordinances of the City of St. Francis relating to the license or permit, now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules and regulations of any other governmental entity including county, state and federal regulations which may apply to the license or permit.
- 2. VIOLATION.** Upon the violation of any of the terms and conditions of the license or permit, or any other law, regulation or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license or permit.
- 3. INDEMNIFICATION.** The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, loss damage or cost and expense arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. This agreement to indemnify and hold the City harmless shall include any costs incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney’s fees incurred by the City.

IN WITNESS WHEREOF, the undersigned has executed this License Agreement as of the _____ day of _____, 20_____.

Name of Licensee (business)

By _____
Officer of Corporation or Partner/Owner

STATE OF MINNESOTA)
COUNTY OF _____) ss.

The foregoing instrument was acknowledged before me this _____ day of _____
20_____ by _____ the _____
of _____ on behalf of said _____

Notary Public

PRIOR RESIDENCES OF APPLICANT FOR PAST FIVE YEARS:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PLEASE NOTE: If the above is left blank, there will be a \$1.00 assessment which will be credited toward the license fee if granted.