

# CITY OF BYRON, MN

## *Application for Peddlers/Solicitors/Transient Merchant Permit*

Days permit requested for: \_\_\_\_\_  
(5 consecutive days for peddlers & solicitors / 30 consecutive days for transient merchants)

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Complete Middle)

Other Names Used: \_\_\_\_\_  
(Last) (First) (Complete Middle)

Telephone: (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Home Address (no P.O. Boxes): \_\_\_\_\_

The following items must be completed for the completed application.

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Color of Hair: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Full Legal Business Name: \_\_\_\_\_

Business Address (no P.O. Boxes): \_\_\_\_\_

Brief description of the nature of business and the items to be sold:

\_\_\_\_\_  
\_\_\_\_\_

Address and phone number the applicant can be reached while conducting business in Byron including physical location for transient merchants:

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant or the business ever been convicted of a violation of an ordinance of the City of Byron or another municipality? \_\_\_ Yes \_\_\_ No

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

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, date of the conviction, and the name of the State or other jurisdiction involved: \_\_\_\_\_  
\_\_\_\_\_

List three (3) most recent locations you have conducted business for the activity in which you are requesting a permit: \_\_\_\_\_  
\_\_\_\_\_

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

Vehicle #1 - License Number \_\_\_\_\_

Description \_\_\_\_\_

Vehicle #2 License Number \_\_\_\_\_

Description \_\_\_\_\_

- Current Driver's License or Identification Card displaying a picture must be provided in person.
- Transient merchants must submit written permission from the property owner or property owner's agent. Additional information may be requested regarding traffic flow and/or parking.
- 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.

Dept of Health Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

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

\_\_\_\_\_  
Date

***The City of Byron issuing a permit or a certificate of registration does NOT constitute endorsement of said product.***

\_\_\_\_\_  
City Approval

\_\_\_\_\_  
Date