

APPLICATION FOR TRANSIENT MERCHANT LICENSE

FEE: \$150.00

TO THE COUNTY AUDITOR OF SCOTT COUNTY, MINNESOTA:

Applicant's Full Name (First, Middle, Last):
Date Of Birth:
Driver's License Number:
Current Address:
Current Business Address:
Proposed Place Of Business:
Kind Of Business To Be Conducted:
Length Of Time To Conduct Business:
Applicant's Residence Address For Past 2 Years (If Different From Above):
Applicant's Business Address for Past 2 Years (If Different From Above):
Type of Business Engaged In For The Past 2 Years:
Name And Address of Auctioneer Conducting The Sale:

Attached is a Copy of a Valid Seller's Permit Issued Under M.S. 297A.04.

OR

Attached is a Written Statement From Merchant Stating That No Merchandise Will Be Sold That Is Taxable Under M.S. 297A.

AND

Attached is the Proof of Workers' Compensation Insurance Coverage

OR

Attached is the Affidavit of Sole Proprietorship

AND

Attached Is The Statement Of Receipt Of Bond By The County Treasurer.

AND

Attached Is A Copy Of The County Auditor's Receipt Of The License Fee.

AND

Attached Is A List Of Merchandise To Be Sold.

I, the undersigned, hereby apply for a license to do business as a Transient Merchant and to sell goods, wares and merchandise as such in the County of Scott, State of Minnesota, for the term of one year from the date of issue of such license; and that I have read and understand Minnesota Statute 329.099 – 329.17 (Transient Merchants Laws), and to that end hereby represent and state that I intend to carry on said business.

Furthermore, I hereby name and appoint the Scott County Auditor as my agent of record for the express purpose of acceptance of service of legal process on my behalf in any action commenced against me within the County of Scott and arising out of the sale of merchandise within the boundaries of the County of Scott as authorized under this license.

The attachments indicated above and the list of merchandise to be sold are incorporated and a part of this application.

Date:	Applicant's Signature:
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