Goodhue County
Finance & Taxpayer Services
509 West 5th Street
Red Wing, MN 55066
Phone: (651) 385-3040
Hours: 8:00am – 4:30 pm M-F
www.goodhuecountymn.gov

Application for Transient Merchant License

Pursuant to Minnesota Statutes 329.099 to 329.17

I, the undersigned, hereby apply for a license, pursuant to Minnesota Statutes Chapter 329, to do business as a Transient Merchant and to sell goods, wares and merchandise as such in the County of Goodhue, State of Minnesota, for the term of one year from the date of issue of such license; and to that end hereby represent and state that I intend to carry on said business _____ and respectfully submit the following statement of facts as provided by law:

_____
Name of Applicant

_____
Resident Address for the prior two years Phone

_____
Business Address for the prior two years Phone

_____
Type of business engaged in for the previous two years

_____
Proposed place of business (attach additional sheet listing business locations if more than one)

_____
Kind of business proposed to be conducted

_____
Length of time for which applicant desires to do business

_____
Name of Auctioneer conducting the sale (if by auction)

_____
Address of Auctioneer

Office use only
License #25-_____
Expiration Date: _____
Fee Collected $150.00

Updated 1/15/25

The following forms and information must accompany the application:

- Form SP: C1 – License Applicant Information (available at County Auditor's office)
- Certification of Compliance with Minnesota Workers' Compensation Law
- Appointment of County Auditor as Agent form (must be Notarized – notary service available at County Auditor's office
- An itemized list of merchandise to be offered for sale, listing:
    - A description of each item
    - The serial number of each item, if any
    - The owner's actual cost of each item
    - A designation by number corresponding with a number to be affixed to each item by a tag which shall be kept fastened to the item at all times until sold.
- A surety bond to the county, conditioned on the terms according to Minnesota Statutes, section 329.11, in the amount of $3,000.
- A copy of the seller's permit as issued under section 297A.83 or a written statement from the applicant stating that applicant is not offering for sale any item that is taxable under Chapter 297A.
- A license fee of $150.00, payable to Goodhue County, for each sale location.

NOTE: Additional licenses or permits may be required by other jurisdictions. It is the Merchant's responsibility to contact Local, State or Federal agencies to determine if other documentation is necessary to conduct business as a Transient Merchant in Goodhue County.

I swear under oath and under penalties of perjury that all statements made in this application are true and correct.

_____
Signature

_____
Date

The foregoing instrument was acknowledged before me this _____ day of

_____, _____, by _____

_____
Notary Public

NOTARY SEAL

Appointment of County Finance Director as Agent

The undersigned does hereby constitute and appoint, Lucas Dahling, County Finance Director of Goodhue County, Minnesota, and his/her successor or successors in office, his/her agent and attorney to accept service of process and upon whom service of process may be had in any action to which he/she is a party arising out of the sale of merchandise for which this license is sought, and service on said agent shall be taken and held as personal service. The appointment shall be and continue in force until all causes of action arising out of such sale shall be barred by the statue of limitations.

Dated: _____

Signature

STATE OF MINNESOTA

COUNTY OF GOODHUE

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the person who executed the foregoing Consent and acknowledged that he/she executed the same as his/her free act and deed.

_____
Notary Public

NOTARY SEAL

Form SP: C1 LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest: and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue service; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Goodhue County

License Information

Name of license being applied for: _____
License renewal date: _____

Personal Information

Applicant's Name (Last, first, middle initial): _____
Applicant's Address (city, state, zip): _____
Social Security Number: _____

Business Information

Business Name: _____
Business Address (city, state, zip): _____
Minnesota Tax Identification Number: _____

☐ I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.
Additional explanation, if necessary: _____
_____
_____
_____

Signature: _____ Date: _____

- CERTIFICATION OF COMPLIANCE -
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. <u>This information will be collected by the licensing agency and retained in their files.</u>

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(<u>NOT</u> the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

I am not required to have workers' compensation liability coverage because:

☐ I have no employees

☐ I am self insured (include permit to self-insure)

☐ I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____

Doing Business As: _____
Business name if different than your name

Business Address: _____

City, State, Zip: _____

Telephone: _____
Including area code

Signature: _____

Date: _____