



# City of Osakis

14 Nokomis Street East  
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Osakis, Minnesota 56360

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Application Fee \$50

PAID: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Transient Merchant Application

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

Date of Birth: \_\_\_\_\_

Applicant's Permanent Address: \_\_\_\_\_

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### Physical Description of the Applicant:

_____	_____	_____	_____
Eye Color	Hair Color	Height	Weight

Legal Business Name of ALL business's owned or operated by Applicant: \_\_\_\_\_

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Business Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

- Annual License (Dates & Times): \_\_\_\_\_
- Daily License (Dates & Times): \_\_\_\_\_

[www.cityofosakis.com](http://www.cityofosakis.com)

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**Other Address or phone number while conducting business in Osakis:** \_\_\_\_\_

**Has the applicant been convicted with in the last 5 years of any felony, gross misdemeanor, or misdemeanor for violation of state or federal law or any local ordinance?**

(A background check will be done on each applicant)

- YES
- NO

**List 3 most recent locations where the applicant had conducted business:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Provide Proof of County License (if applicable):** \_\_\_\_\_

Written permission from the property owner or the property owners to use property as a transient merchant: \_\_\_\_\_

**Description of items to be sold:** \_\_\_\_\_

**Applicant's Driver's License Number:** \_\_\_\_\_

(Provide License to make Copy)

**License Plate Number:** \_\_\_\_\_

**Description of Vehicle to be used in Conducting Business:**

_____	_____	_____
Color	Make	Model

**Signature of Applicant:** \_\_\_\_\_

By signing I verify I am aware of all the rules that regulate the Transient Merchant license and will abide by these rules while conducting business in Osakis.

**Application must be made at least 14 regular days before applicant desires to begin conducting business.**

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