



City of Osakis

14 Nokomis Street East
PO Box 486
Osakis, Minnesota 56360

Phone #320-859-2150
Fax #320-859-3978
E-mail - cityhall@cityofosakis.com

Application Fee \$50

PAID: _____

Date Received: _____

Transient Merchant Application

Full Legal Name: _____

Date of Birth: _____

Applicant's Permanent Address: _____

Physical Description of the Applicant:

_____	_____	_____	_____
Eye Color	Hair Color	Height	Weight

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

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

"A Friendly Place to Play and Stay"

This institution is an equal opportunity provider and employer.

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.

For Office Use Only:

Date Received: _____

Police Chief Review: _____ Date: _____

City Clerk Review: _____ Date: _____

Council Approval Date: _____

Alcohol License Date Issued: _____

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