

City of Osakis

14 Nokomis Street East ~ PO Box 486 ~ Osakis, MN 56360
Ph: (320) 859-2150 ~ FAX: (320) 859-3978

For Office Use Only

DATE RCVD. _____

Transient Merchant Application

Full Legal Name: _____

Date of Birth: _____

Full address of applicant's permanent residence: _____

Physical description of the applicant: _____

Legal Business Name of all business owned or operated by applicant: _____

Business Address: _____

Personal and Business Phone #: _____

Type of Business: _____

Annual License (Dates & Times): _____

Daily License (Dates & Times): _____

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? _____

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

Provide Proof of County License: _____

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 or acceptable form of ID – please provide copy:

License plate number and description of vehicle to be used in conducting business: _____

Application Fee \$50: _____

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.

This institution is an equal opportunity employer and provider