



# City of Albert Lea Transient Merchant License Application

In accordance with Chapter 12, Article XIII, Section 12-432 through 12-434 of City Ordinance, no peddler, solicitor, or transient merchant shall sell or offer for sale any goods, wares, or merchandise within the City of Albert Lea without first having obtained a license for such sale or offer from the City of Albert Lea City Clerk.

NAME OF APPLICANT: \_\_\_\_\_  
(1 person per application)

ADDRESS: \_\_\_\_\_

CITY STATE ZIP CODE \_\_\_\_\_

COMPANY REPRESENTING: \_\_\_\_\_

NAME OF SALES PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY CITY STATE ZIP \_\_\_\_\_

VEHICLE LICENSE NO.: \_\_\_\_\_

VEHICLE MAKE AND MODEL: \_\_\_\_\_

PRODUCT DESCRIPTION: \_\_\_\_\_

MINNESOTA OR FEDERAL TAX ID# \_\_\_\_\_

DATES PERMIT IS REQUESTED FOR (30 days max.) \_\_\_\_\_

At no time shall this license be used by any other person other than the person listed on this application.

I hereby agree to only solicit the product described above and to carry this license while engaged in the licensed activity, and to display such license to any party upon request.

Drivers License  
Photo Copy: (attached)

\_\_\_\_\_  
Licensee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
License End Date

*City Seal Must Appear Here For  
Authentication*

\_\_\_\_\_  
City Staff Authorized Signature



**FEE: \$75 per person**

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**Background Check Form for License Applicants**

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

The following named individual has made application with this agency for a

\_\_\_\_\_ license.

First, Middle, and Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former Name (please print): \_\_\_\_\_

Date of Birth: Mo./Day/Year \_\_\_\_\_ How many years living in MN \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

I authorize the City of Albert Lea Law Enforcement Department to disclose all criminal history record information to the City of Albert Lea City Clerk or her designee for the purpose of conducting the statutorily required background check for the issuance of the license I am applying for as indicated on this application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Public Safety Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date



# RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

221 East Clark Street  
Albert Lea, MN 56007-2496  
Telephone: 507-377-4335  
dmaras@ci.albertlea.mn.us

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the general public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

- Public – name and address of applicant(s)
- Private – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license.
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of the data maintained on you.
- The right to be told the contents and meaning of the data.
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Manager's Office, 221 East Clark Street, Albert Lea, MN 56007-2496.

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I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Business Name or Individual's Name