

THE CITY OF



OWATONNA

540 West Hills Circle
Owatonna, MN 55060-4794
Ph. (507) 444-4300
FAX: (507) 444-4394

Transient Merchant Permit Application
Section 488 1992 Ordinance Code of Owatonna

Name of Applicant _____

Full local address of applicant _____

Phone Number _____

Name of Business and phone _____

Business Address _____

Term: From _____ to _____

Description of the nature of the business and the goods to be sold _____

Number of members in crew _____

License number(s) of vehicle(s) transporting applicants _____

Signature of Applicant

Date

Fee Paid

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Date: _____

CITY OF OWATONNA
LICENSE APPLICATION REPORT

<u>Name of Applicant</u>			<u>D.O.B.</u>	
LAST	FIRST	MIDDLE	MO.	DAY YR.
Address on Driver's License (Street Name and Number)			Apt. #	
City		State	Zip Code	
Please provide an original driver's license/picture identification and social security card to be verified.				
_____ Driver's License #		_____ State	_____ Expiration Date	
_____ Social Security #		_____ Verified By		
<u>REPORT OF INVESTIGATION</u>				
<u>RECOMMENDATIONS</u>				
DATE: _____		_____ SIGNATURE INVESTIGATING AUTHORITY		

**City of Owatonna
540 West Hills Circle
Owatonna, MN 55060**

Date: _____

The following named individual has made application with this agency for a
Transient Merchant Permit:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Owatonna for the purpose of obtaining a **Transient Merchant Permit** with this agency per City Ordinance Section 488:15.

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

Notary:

State of Minnesota
County of Steele

Subscribed and sworn to before me this _____
day of _____, 20____.

Signature of Notary

(Seal)