



Transient Merchant License

***Contact: Leala Roth, License Center
Auditor-Treasurer's Office Phone: 218-333-4104
701 Minnesota Ave NW, Ste 100
Bemidji, MN 56601
e-mail: leala.roth@co.beltrami.mn.us***

Forms Needed:

- Application and Supplement Information sheets
- Surety Bond in amount of \$3,000; *A surety bond to the county, conditioned on the terms according to Minnesota Statutes, Section 329.11*
- List of merchandise offered for sale including:
 - Description
 - Serial Number of each item, if any
 - The owner's actual cost of each item
 - A designation by number corresponding with a number to be affixed to each item by a tag which shall be kept fastened to the item at all times until sold.
- The application is good for one year from the application date, but must be at the same location.
- Must provide MN Sales Tax Permit; as issued under section 297A.83 OR A written statement from the applicant stating that they are not offering for sale any item that is taxable under Chapter 297A.
- The fee is \$150.00 *Payable to Beltrami County*
- If within city limits both city and county license is required
- Allow **3-4 weeks** for processing

Door to Door Food Seller:

For laws that apply to door to door food sales contact the Minnesota Department of Health local food inspector Dave Kaufman: 218-308-2113

NOTE: County does not require a license for door to door sales

Application for Transient Merchant License

Beltrami County, Minnesota

Fee: \$150.00

Applicant's Full Name (First, Middle, Last):
Date of Birth:
Driver's License Number:
Current Address:
Current Business Address:
Proposed Place of Business (Name/address):
Kind of Business to be conducted:
Length of Time to conduct business:
Applicant's Residence Address for past 2 years (if different from above):
Applicant's Business Address for past 2 years (if different from above):
Type of Business Engaged in for the past 2 years:
Name of Auctioneer conducting the sale (if by auction):

I swear under oath and under penalties of perjury that all statements made in this application are true and correct.

Signature: _____ Date: _____

The foregoing instrument was acknowledged before me this _____ day of _____, by _____.

Notary Public Signature

NOTARY STAMP SEAL



Applicant Supplement Information:

Name: _____

Address: _____

Phone: _____

Email Address: _____

Date of Birth: _____

Driver's License #: _____

Type of License Applied for: Transient Merchant

Business Name: _____

Appointment of County Auditor as Agent

The undersigned does hereby constitute and appoint, JoDee Treat, County Auditor of Beltrami County, Minnesota, and her successor or successors in office, her agent and attorney to accept service of process and upon whom service of process may be had in any action to which she is a party arising out of the sale of merchandise for which this license is sought, and service on said agent shall be taken and held as a personal service. The appointment shall be and continue in force until all causes of action arising out of such sale shall be barred by the statute of limitations.

Dated: _____

Signature

STATE OF _____)

) ss.

COUNTY OF _____)

On this _____ day of _____, _____, personally appeared before me _____, to me known to be the person who executed the foregoing Consent and acknowledged that he / she executed the same as his / her free act and deed.

Notary Public

NOTARY STAMP SEAL

Inventory of Goods Offered for Sale

Description	Serial #	Owner's Actual Cost	Tag #

Add additional pages, as needed

CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

Law requires this information, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____

Policy Number: _____

Dates of Coverage: _____ to _____

MUST PROVIDE CERTIFICATE OF INSURANCE

Or

I am not required to have workers' compensation liability coverage because:

- () I have no employees
- () I am self-insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law

I certify that the information provided above is accurate and complete and if required a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____

Doing Business As: _____

Signature: _____

Business Address: _____

Phone: _____

Date: _____