



City of Zimmerman

12980 Fremont Avenue
Zimmerman, MN 55398

Telephone 763-856-4666 * Fax 763-856-4787
www.zimmerman.govoffice.com

APPLICATION FOR TRANSIENT MERCHANT LICENSE OR FIREWORKS SALES

Completed applications must be presented to the City Council for approval. Meetings are the First and Third Mondays of any given month. Incomplete applications will be held until all requirements are met. Applicants need not be present for consideration. Whoever knowingly and willfully falsifies the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

Applicant will supply the following AT TIME OF APPLICATION:

TRANSIENT MERCHANT APPLICATION FEE: \$250.00
EXCLUSIVELY FIREWORKS SALES FEE: \$350.00
FIREWORKS IN EXISTING STOREFRONT (WITH OTHER MERCHANDISE) \$100.00

A \$1,000 BOND PAYABLE TO THE CITY OF ZIMMERMAN DATE RECEIVED: _____ COPY ATTACHED Y N

If a State of Minnesota license has been obtained for the sale of said merchandise, applicable:

STATE OF MINNESOTA PERMIT RECEIVED ON: _____ PERMIT NUMBER: _____

DATE OF APPLICATION _____

APPLICANT INFORMATION

APPLICANT'S NAME _____
PERMANENT ADDRESS _____ STATE _____ ZIP CODE _____
LOCAL ADDRESS _____
APPLICANT'S PHONE NUMBER _____ BUSINESS PHONE NUMBER _____
APPLICANT'S EMAIL _____

EMPLOYER INFORMATION

NAME OF EMPLOYER or SUPPLIER _____
ADDRESS OF EMPLOYER _____ STATE _____ ZIP CODE _____
EMPLOYER'S PHONE NUMBER _____ FAX NO. _____

LOCATION INFORMATION

Name of PROPERTY OWNER where goods will be sold _____
Mailing Address of Property Owner _____ STATE _____ ZIP CODE _____
Property Owner's Phone Number _____ Fax No. _____

As Property owner or authorized agent, I hereby agree to, and allow the Applicant mentioned above to conduct business only as described in this completed application.

SIGNATURE REQUIRED

For office use only: Date Received: _____ Received by: _____ PAID: cash _____ check # _____ Receipt #: _____

Approved Date: _____

PROVIDE A BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS: _____

PRODUCT OR GOODS TO BE SOLD: _____

TIME PERIOD IN WHICH THE APPLICANT WILL BE OPERATING: ____/____/____ TO ____/____/____

WHAT IS THE SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD? _____

THE GOODS OR PROPERTY PROPOSED TO BE SOLD ARE CURRENTLY LOCATED AT THE FOLLOWING LOCATION: _____

THE PROPOSED METHOD OF DELIVERY OF THE GOODS OR PROPERTY IS: _____

APPLICANT SHALL PROVIDE ANSWERS TO EACH OF THE FOLLOWING QUESTIONS:

THE APPLICANT EVER BEEN CITED FOR STATE OR FEDERAL FIREWORKS EXPLOSIVES VIOLATIONS?

YES NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE SITUATION: _____

HAS THE APPLICANT BEEN CONVICTED OF ANY FELONIES OR GROSS MISDEMEANORS, OR ANY CRIMES OF THEFT OR ISSUANCE OF A WORTHLESS CHECK WITHIN THE TEN MOST RECENT YEARS?

YES NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME OR CRIMES OF WHICH YOU HAVE BEEN CONVICTED:

HAS THE APPLICANT TAKEN ADVANTAGE OF ANY STATE OR FEDERAL BANKRUPTCY OR INSOLVENCY LAW OR PROCEEDING AS A BANKRUPT DEBTOR WITHIN THE TEN MOST RECENT YEARS?

YES NO

IF YES, PLEASE EXPLAIN THE NATURE OF THE SITUATION: _____

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT IF THE LICENSE APPLICATION IS APPROVED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR SUSPENSION OF THE LICENSE.

APPROVED APPLICANTS WILL BE NOTIFIED BY EMAIL UNLESS REQUESTED OTHERWISE.

Date _____ (signature of applicant)

I, Kary Tillmann, duly appointed, qualified, and acting Clerk/Treasurer to the Council for the City of Zimmerman, County of Sherburne, State of Minnesota, do hereby certify that I have received the appropriate fee and all application criteria, and have presented same to the Zimmerman City Council, at their session held on the ____ day of _____, and witness Council approval thereof by my signature.

Witness my hand and official seal at Zimmerman, Minnesota, the ____ day of _____, 20____.

Kary Tillmann Clerk/Treasurer