

Application for Temporary/Seasonal Outdoor Sales Permit and Transient Vending Sales

Temporary/Seasonal Outdoor Sales Use is the display or sale of the following items: Christmas trees, nursery stock, plants and related materials; and lawn, garden, patio furniture and furniture accessories. When these items are the primary merchandise offered for sale by the principal use, such as for nurseries, it shall not be considered a Temporary/Seasonal Outdoor Sales Use.

Transient vending is the conducting of business out of a vehicle, trailer, boxcar, tent, other portable shelter, or empty store front for the purpose of exposing or displaying for sale, selling, or attempting to sell, and delivering, goods, wares, products, merchandise or other personal property; farmer's markets, and antique/flea markets but not to include vehicles.

The undersigned hereby makes application for a Temporary/Seasonal Outdoor Sales Permit under the provisions of the City of Cambridge Code of Ordinances, Title XV, Chapter 156 and submits the following facts in support thereof. Requested Length of Time for Permit: Seasonal (6 mos. max) Per Month Per Day \$200 \$75 \$25 Requested Date(s) for Permit: Type of Permit: Transient Vending Antique/Flea Market ☐ Farmer's Market Temporary/Seasonal Outdoor Sales *The application for this permit shall include a site plan and a list of materials to be sold or displayed. **Applicant Information – Must Print Legible** Applicant's Full First Name: Applicant's Full Middle Applicant's Full Last Name: Name: Date of Birth: ☐ Male ☐ Female Race: Sex: All other names which applicant officially answers: Full Address of Permanent Residence: Full Address of Applicant's Regular Place of Business (if any)

Home Telephone	Work Telephone	Cell Phone					
E-mail address:							
Driver's License Number:	State Issued:						
Applicant's Signature:							
Describe the type of business:							
General merchandise to be solo	d:						
Location of business:							
Zoning of business:							
Property owner/agent name (pr	int):						
Property owner/agent telephone	e number:						
Property owner/agent signature of permission:							
Hours of operation:							
Days of operation:							
Names/information for people associated with you in this business							
First Name:	Middle Name:	Last Name:					
Date of Birth:	Race:	Sex: Male Female					
Full Address:							
Home Telephone	Work Telephone	Cell Phone					
E-mail address:							
		1					

Driver's License Number:	State Issued:		
Applicant's Signature:			
First Name:	Middle Name:	Last Name:	
Date of Birth:	Race:	Sex: Male Female	
Full Address:			
Home Telephone	Work Telephone	Cell Phone	
E-mail address:		<u> </u>	
Driver's License Number:	State Issued:		
Applicant's Signature:			
Other communities where you h	ave registered for a permit (at le	east three of the most recent):	
Have you ever been denied a pe	ermit in another municipality?	Yes No If yes, why?	
•	vithin the last five years of any fe	elony, gross misdemeanor, or local ordinance, other than traffic	
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All permits require a background check to be completed prior to the permit being issued. A background check can take up to ten business days.

300 Third Avenue Northeast Cambridge, MN 55008 www.ci.cambridge.mn.us

(763) 689-3211 (763) 689-6801 FAX

Informed Consent for Background Investigation for Permit Application

(A separate form must be filled out for each applicant, officer, and/or partner)

Please supply your driver's license so we may copy it for the background check.

The following named individual has made application with this the City of Cambridge for a peddler's permit or transient merchant license. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the BCA's investigation.

PLEASE PRINT LEGIBLY

Last Name of Applicant	First Name (full name please)		Middle Name (full name)		
Any Maiden, Alias or Former Name(s)					
Date of Birth (MM/DD/YYYY)	Sex	Race			
I,	nformation to the ucting a criminal but license.	e City of Cambrid packground check			
Applicant's signature		Date			
STATE OF MINNESOTA) COUNTY OF ISANTI)					
BEFORE ME, the undersigned author known to me to be the person whose acknowledged to me that he/she exe expressed.	e name is subscri	bed to the foregoi	ng instrument and		
GIVEN UNDER MY HAND and seal	of office this	day of	, 20		
Notary's signature		Date			