



Return completed form to:
City Clerk's Office
City of Albert Lea
221 E. Clark St., Albert Lea, MN 56007
507-377-4335
dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
Transient Merchant
One person per application

Please type or print legibly

Applicant:

Full name _____
Home address _____ city, state, zip code _____
Home telephone number (daytime) _____
Email address _____

Company representing:

Business name _____
Business address _____ city, state, zip code _____
Business telephone number (daytime) _____
Minnesota Tax ID number _____ or Federal Tax ID number _____
Name of salesperson _____
Vehicle license number _____
Vehicle make and model _____
Dates permit is requested _____

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.

Driver's license
Photocopy (attached)

Signature _____

Date _____

City staff approval _____

City seal must appear here
for authentication



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(call to arrange payment)

Investigation fee:

Individual ownership	\$100 plus \$25 for each employee
Partnership ownership	\$125 plus \$25 for each employee
Corporate ownership	\$175 plus \$25 for each employee

Investigation Application

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: month/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

Police Chief

Date

City Clerk

Date



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INDEMNITY AGREEMENT

AGREEMENT made this _____ day of _____, _____ by and between the City of Albert Lea, Minnesota herein referred to as "the City" and _____, herein referred to as "the Licensee".

WHEREAS, the licensee shall execute and deliver to the City Clerk, on a form prescribed by the City for said purpose, an indemnification agreement holding City harmless for any person injury or property damage resulting from the operation of said business.

NOW, THEREFORE, in consideration of the foregoing, the parties hereto agree as follows:

1. Subject to the terms and conditions of this indemnity agreement, licensee shall indemnify, defend, and hold harmless the City against any and all claims, demands, causes of action, suits or judgments, including reasonable attorney's fees, costs and expenses incurred in connection with such matters, for death or injuries to persons or for loss of or damage to property arising out of or in connection with the operation and maintenance by licensee or any of their agents, contractors or employees of said business within the public right of ways of the City.

2. Indemnity under this agreement shall commence as of the date of the agreement by the City of Albert Lea.

3. The City agrees to notify licensee in writing within thirty (30) days of the receipt By the City of Notice of any indemnified claim.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

APPLICANT/LICENSEE

CITY OF ALBERT LEA, MINNESOTA

By: _____

Its: Mayor

By: _____

Its: City Clerk



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RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

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.

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