



STATE OF MINNESOTA
COUNTY OF HENNEPIN

License #: _____
Exp date: _____
(1 year from issued date)
Fee: \$150.00 [] Mark if paid

Application for License
Transient Merchant

Pursuant to Minnesota Statutes Chapter 329, I make this application for a Transient Merchant license as either (check one):

Individual OR Business - Partnership

Individual Social Security number: _____ Or, I do not have a Social Security number

MN Business Identification number: _____ Or, I do not have a MN Business ID number

Applicant name: _____

Business name (if applicable): _____

Applicant residence for prior two years: _____

Applicant business address for prior two years: _____

Type of business(es) engaged in for prior two years: _____

Proposed place of business (one location only): _____

Proposed business to be conducted: _____

Length of time desired to do business: _____

Names and addresses of auctioneers who will conduct sales (attach additional pages if necessary):

Table with 2 columns: Name, Address

I agree:

to conform to the laws relating to transient merchants
to be fully compliant with all material oral or written statements and representations made by the seller, the seller's agents, and representatives of auctioneers with reference to merchandise sold or offered for sale, and to faithfully perform under all warranties made to appoint the Hennepin County Auditor as my agent to accept service of process in any action commenced against me arising out of the sale for which the license is sought
that sales will be conducted in the name of the bona fide owner of the merchandise
not to sell infant formula or other food intended primarily for consumption by a child under the age of two years, and not to sell over-the-counter drugs, medical devices, or cosmetics
to present a corporate surety bond in the amount of \$1000.00. Surety bond number: _____
I have attached an Inventory of Goods Offered for Sale (form provided)
that I have attached a photocopy of my Minnesota Department of Revenue Seller's Permit, and my MN sales tax ID # is _____, OR the items I will sell are not taxable under Minnesota Statutes Chapter 297A

Certain Sales

- Yes No I intend to conduct a sale as described in Minnesota Statutes Section 329.12, (including, but is not limited to: closing out sales, sales of damaged goods and sales by a wholesaler, manufacturer, executor, receiver or insolvent/bankrupt entity).
Yes No If answered yes above, I intend to advertise the sale.
Yes No If answered yes to either of the above, I have attached an Affidavit Regarding Certain Sales for Transient Merchant. Note: Up to three weeks may be required to determine approval for this sale.

Tennessee warning

This application requests your Social Security number and Minnesota business identification number. State law requires you to provide this information on a license application you make to the County in order to conduct a profession, occupation, trade, or business. If you do not have a Social Security number or Minnesota business identification number, you may certify the same and your application will still be processed. The data collected on this application may be shared with the State of Minnesota for the purpose of collecting taxes, penalty, and interest owed to the State, and for the purpose of requiring returns to be filed.

My signature attests that all statements made and information provided in this application are true and correct.

Applicant Signature: _____ Date: _____

NOTARIZED SIGNATURE REQUIRED FOR MAIL IN ONLY

State of _____ County of _____

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

Notary Public

The surety bond presented has been filed and a Transient Merchant License is being issued in the Office of the Hennepin County Auditor this ____ day of _____, 20____.

Designee: _____ Location: _____

