

City of Gilbert

PHONE: 218-748-2232 • FAX: 218-748-2234 • www.gilbertmn.org



Transient Merchant Permit

TO SELL WITHIN THE CITY OF GILBERT

Please print legibly.

Applicant Name: _____

Name of Business/Organization: _____

Type of Business: _____

Full Business Address: _____

Telephone Number(s): _____

Location/Area Where Selling: _____

(Need to submit written permission of the property owner or the property owner's agent.)

Daily Permit (\$50) _____ Annual Permit (\$100) _____ (check which one applies)
(1-14 consecutive days) (One year from date of issue)

**Note: Permits for the first week of July are issued by the 3rd of July Committee and are not included in the Daily or Annual Permit fee(s). Please ask City Hall for contact information for the Committee.*

Sales Tax ID No. _____ Federal Tax ID No. _____

Please attach copy of license from the MN Department of Health for Retail Mobile Food Handler.

License No. _____ Expiration Date: _____

Liability Insurance Company: _____

(Need copy of proof of insurance)

Have you been convicted of a felony, gross misdemeanor or violation of any state or federal statute or any local ordinance, other than traffic offenses in the last five years? Yes _____ No _____

Registration information and vehicle identification number for any vehicle to be used in conjunction with the licensed business and a description of the vehicle:

(Please attach copy of driver's license.)

Please list the full legal name of any and all business operations owned, managed or operated by applicant, or for which the applicant is an employee or agent:

Please list the three most recent locations where the applicant has conducted business as a transient merchant:

- 1.
- 2.
- 3.

THE APPLICANT HEREBY CERTIFIES UNDER OATH THAT THIS INFORMATION IS CORRECT AS STATED.

Applicant Signature

Date

A background check will be conducted after the completed application and payment of license fee have been received. After the background check has been cleared, the applicant will receive a permit to display from the City of Gilbert.

For Office Use Only

Received and Reviewed by: _____

Date(s) that Permit is active: _____

Approved by City Administrator: _____ Date: _____

- Background Check completed _____ Date: _____
- Copy of Driver's License
- Copy of Proof of Insurance
- Written Permission from Property Owner