STATE OF MINNESOTA
COUNTY OF HENNEPIN

License #: _____

Exp date: _____
(1 year from issued date)

Affidavit Regarding Certain Sales
For Transient Merchant

Pursuant to Minnesota Statutes Chapter 329 for the purpose of applying for and being granted a license as a Transient Merchant:

Applicant Name (one person only unless co-partnership): _____

Location of business (one location only): _____

Applicant will conduct the following sales:

Yes   No   For insurance, trustee, receiver, bankrupt, testator, syndicate, insolvent, executor, wholesaler, assignee, administrator or manufacturer.

Yes   No   Closing out sale

Yes   No   Merchandise damaged by smoke, fire, water or other (specify): _____

The reasons, character and scope of the proposed sale are: _____

_____

_____

Yes   No   I intend to advertise the sale. If yes, describe how the sale will be advertised and the content of the advertisement (attach any sample advertisements: _____

_____

I swear and affirm that all the statements made and information provided are true and correct, and that any false statement of any fact shall be subject to the criminal penalty of perjury.

NOTE: Up to three weeks may be required to determine approval for this sale.

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

OFFICE USE ONLY

Prior to issuing a license, the County Attorney's office and Service Center Division leadership must review the Application for Transient Merchant, the Inventory of Goods Offered for Sale, the Affidavit Regarding Certain Sales and all other documents submitted by the applicant related to the sale and give approval.

Applicant should allow up to three weeks for the approval decisions.

County Attorney approval (insert name): _____   Date: _____

☐ Approved ☐ Not approved   Stipulations upon which approval granted, if any, or write none: _____

Service Centers approval (insert name): _____   Date: _____

☐ Approved ☐ Not approved   Stipulations upon which approval granted, if any, or write none: _____