



Village of West Milwaukee
Transient Merchants Permit Application

Date: _____

TR# _____ Amount \$ _____

\$150.00 PER PERSON \$7.00 RECORD CHECK PER PERSON

Transient Merchants Permit

ANSWER ALL QUESTIONS FULLY AND COMPLETELY: (PLEASE PRINT)

1. PERSONAL INFORMATION OF SELLER: (A separate application form must be completed and paid for per person)

Name of Applicant: _____

First

Middle

Last

Permanent Address _____

City

State

Zip

Home Phone # () _____ Drivers License # _____

Cell Phone # _____ E-Mail Address _____

Date of Birth ____/____/____ Height _____ Weight _____ Hair Color _____ Eye Color _____ Sex _____ Glasses _____

2. BUSINESS INFORMATION (Company/Business you are working for under this application):

Individual Partnership Limited Liability Company Corporation/Non-Profit Organization

Full Name of Individual, Partnership, Corporation/Nonprofit Organization, Limited Liability Company:

Address of Individual, Partnership, Corporation/Nonprofit Organization, Limited Liability Company:

Address _____ City _____ State _____

Zip _____ Phone # _____ Fax# _____

E-mail Address _____ Cell Phone# _____

Doing Business as (Name of business) _____

Business name (D/B/A)

Business address

Business Phone #

3. TEMPORARY ADDRESS:

Temporary Address _____

City

State

Zip

4. Nature of business and general description of the merchandise, and any services offered: _____

Hour of operation: Starting time _____ Ending time _____

5. Method of delivery: _____

6. Vehicle Description: _____ License Plate Number: _____

Make of Vehicle: _____ Model: _____ Color: _____

Name of Driver: _____ If the driver will also be selling, a separate application and fee is needed. (If the driver is different from applicant, a copy of their driver's license is needed. An additional \$7.00 is needed for this record check.)

7. Most recent municipalities where applicant conducted business:

A. _____ B. _____

C. _____ D. _____

8. Place where applicants can be contacted for at least seven (7) days after leaving the Village of West Milwaukee:
Address _____ Phone # _____

City State Zip

9. Have you ever been convicted of any crime or ordinance violations related to transient merchant business within the last five (5) years? () Yes () No Date and place of conviction: _____

If yes, list the nature of the offense: _____

10. Wisconsin Seller's Permit # _____ Federal ID # _____
(copy must be attached) (copy must be attached)

11. Attach a copy of State Certification of Examination and approval from the seller of weights and measures (where applicant's business requires use of weights and measuring devices)

12. Attach copy of identification (State Driver's License, State ID or some other proof of identity must include a photo, name and current address.)

13. Attach copy of written statement giving permission for use of land from **property owner** where transient merchant is to set up.

14. Dates for use of permit: From _____ thru _____

15. Attach two (2) recent photos of each person of a size that may be easily attached to his permit once issued and the other filed with the application.

16. If you are selling any food items, you must contact West Allis Health Department for the appropriate license 414-302-8653.

STATEMENT APPOINTING VILLAGE CLERK AS AGENT FOR SERVICE OF PROCESS, WAIVER, AND CONSENT

I, by virtue of signing this application, understand and agree to the appointment of the Village of West Milwaukee Village Clerk, as my agent to accept service of process in any civil action brought against me, arising out of any sale or service performed by me in connection with the direct sales activities myself or my agent, in the event that I cannot, after reasonable effort, be served personally. I understand that if the West Milwaukee Village Clerk is served with service of process in this paragraph, the West Milwaukee Village Clerk is only required to mail a copy of the process so served by regular mail to the permanent address listed in number one (1) above.

I, by signing of this application, contest to the full investigation of background by law enforcement officials and also consent to the use and disclosure by the Village of West Milwaukee, its elected officials, its employees and its agents of any and all information obtained in said investigation relative to my fitness to be a licensed operator in the Village of West Milwaukee.

I hereby waive my rights to privacy or privilege that I may have in the use of the material and information obtained from said investigation. Further, I do hereby release and hold harmless and agree to release and hold harmless the Village of West Milwaukee, its elected officials, its employees and its agents from any and all manner of action or cause of action, judgments, executions, debts, claims and demands which I may have or my heirs or assigns may have.

Signature of Applicant

Date

Subscribed and sworn before me this

_____ Day of _____ 20 _____

Notary Public, State of Wisconsin

My commission expires: _____

Police Department Recommendation: Approve Deny

By: _____
Police Chief or Designated Command Officer

Date: _____

Remarks: _____
