



*For office use only.*

Date Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Paid Amount: \_\_\_\_\_

## Transient Merchant Permit Application

### Section 1: Seller Information

***Please note, a separate application form must be completed, and separate fee paid for every individual operating as a Transient Merchant.***

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
(Cannot be a P.O. Box) City State Zip

Applicant Phone Number: \_\_\_\_\_  Home  Mobile  Business

Applicant Email: \_\_\_\_\_

Applicant Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Applicant Date of Birth (Month/Day/Year): \_\_\_\_\_

### Section 2: Business Information

Individual  Partnership  Limited Liability Company (LLC)  Corporation/Non-Profit Organization

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Cannot be a P.O. Box) City State Zip

Business Phone Number: \_\_\_\_\_  Home  Mobile  Business

### Section 3: Business Description

Nature of business (general description of merchandise, services offered, and any other relevant information):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates for use of permit: \_\_\_\_\_

Hours of operation, starting time: \_\_\_\_\_ Hours of operation, ending time: \_\_\_\_\_

Method of delivery: \_\_\_\_\_

### Section 4: Vehicle Description (Optional)

***Please note, this section only pertains to transient merchants who intend to use a motorized vehicle for their business. If you do not intend to use a motorized vehicle, you may skip this section.***

License Plate Number: \_\_\_\_\_ Vehicle Make/Model/Color: \_\_\_\_\_

Insurance Co. & Policy #: \_\_\_\_\_ Name of Driver: \_\_\_\_\_

***Please note: If the driver is different from applicant, a separate application, fee, and copy of driver's license is necessary.***

*Section 5: Additional Information*

Other municipalities where applicant has conducted business (please list three [3] most recent): \_\_\_\_\_

Have you ever been convicted of any crime or ordinance violations related to transient merchant business within the last five (5) years? If yes, please write date and place of conviction, as well as nature of the offense.

Wisconsin Seller's Permit # (please attach a copy): \_\_\_\_\_

Federal ID # (please attach a copy): \_\_\_\_\_

*Section 6: Supporting Documents*

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).

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

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

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

*Section 7: Signature*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature Date (Month/Day/Year): \_\_\_\_\_

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**Transient Merchant Permit Fee is \$150.00**

**Record Check Fee is \$7.00**

Date paid \_\_\_\_\_

Amount \_\_\_\_\_

Receipt # \_\_\_\_\_

Received by \_\_\_\_\_

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Police Department Recommendation:  Approve  Deny

By: \_\_\_\_\_  
*Police Chief or Designated Command Officer*

Date: \_\_\_\_\_

Remarks: \_\_\_\_\_