



VILLAGE OF FOX POINT
Clerk's Department
7200 North Santa Monica Boulevard
Fox Point, WI 53217
Phone: (414) 351-8900 Fax: (414) 351-8909

APPLICATION FOR TRANSIENT MERCHANTS & SOLICITORS PERMIT
Chapter 417

Annual Permits Expire on the following May 31st

Non-Refundable Licensing Fee: Two Week Permit _____ \$25.00 Annual _____ \$55.00
(Prices include registration processing fee of \$5.00)

NOTE: A false or incomplete answer or statement in this application may result in denial or revocation of license.

1. Name of Applicant: _____
Last First Middle
2. Permanent Address: _____
City: _____ State: _____ Zip Code: _____
3. Home Phone Number: (____) _____ 4. Cell Phone Number: (____) _____
5. E-Mail Address: _____
6. Temporary Address (Local, if Any): _____
7. Temporary Phone Number: (____) _____ 8. Birthplace: _____
9. Height: _____ Weight: _____ Color of Hair: _____ Eye Color: _____ Date of Birth: _____
10. Employer's Name: _____
Address: _____
Local Supervisor's Name: _____
Phone Number: _____
11. Nature of business to be conducted and a brief description of the merchandise offered and any services offered: _____

12. Proposed method of delivery of merchandise, if applicable: _____
13. All Vehicles to be used:
Year: _____ Make/Model: _____ Color: _____ License Plate/State: _____
Year: _____ Make/Model: _____ Color: _____ License Plate/State: _____
14. Last three locations where you have engaged in door to door sales:
City/Village/Town, County, and State: _____
City/Village/Town, County, and State: _____
City/Village/Town, County, and State: _____
15. Place where you can be contacted for at least seven (7) days after leaving the Village of Fox Point:
Address: _____
City: _____ State: _____ Zip Code: _____
16. Have you been convicted of any crime or ordinance violation related to transient merchant business within the last five (5) years and/or been convicted of a crime in the last 15 years? Yes ____ No ____

17. If you answered **YES** to number 16, complete the questions below. (If more space is needed, use a blank sheet of paper.)

Date of Conviction(s) _____
 Place of Conviction(s) _____ Disposition _____
 Nature of Offense _____

18. Have you ever been denied a transient merchants permit, or had a permit revoked? Yes ____ No ____

19. If you answered **YES** to number 18, When: _____ Where: _____

20. Does your business utilize weighing or measuring devices? Yes ____ No ____
 If yes, a copy of the certificate from the State of Wisconsin sealer of weights and measures is required.

21. Does the business involve handling food and/or clothing? Yes ____ No ____
 If yes, a copy of the State Health Officer's Certificate, dated not more than 90 days prior to the date the application for permit is made, is required.

****A copy of your Driver License or Photo ID is required with this application.****

I hereby certify that the answers on this application are true, accurate and correct to the best of my knowledge and belief. I agree in the consideration of the granting of this license to comply with the laws of the State of Wisconsin and with all the provisions of the Municipal Code of Ordinances of the Village of Fox Point.

 Signature of Applicant _____
Date

**STATEMENT APPOINTING VILLAGE CLERK/TREASURER AS AGENT FOR SERVICE OF PROCESS
 (READ BEFORE SIGNING)**

By signing below, the applicant understands and agrees to the appointment of the Village of Fox Point Clerk/Treasurer as the applicant's agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the event that the applicant cannot, after reasonable effort, be served personally.

Dated this _____ day of _____, _____.

Applicant's Signature

| VILLAGE OF FOX POINT ADMINISTRATIVE USE ONLY: | | |
|--|-------------------------------|-------------------------------|
| Date Filed with the Clerk's Department | Amount Fee Paid: | Date Paid: |
| Date Police Chief Notified: Approved or Denied (Circle One) Date Approved or Denied: | If Denied, Reason For Denial: | |
| Permit Number: | Date Effective: | Village Clerk / Deputy Clerk: |
| Permit Revoked: | Date Revoked: | Reason for Revocation: |