



VILLAGE OF FOX POINT APPLICATION FOR TRANSIENT MERCHANTS & SOLICITORS PERMIT

Complete the following information. A false or incomplete answer or statement in this application may result in denial or revocation of license.

Personal information:

Last Name		First Name		Middle Name	
Permanent Address			City	State	Zip
Phone #		Email			
Temporary Local Address			City	State	Zip
Birthplace	Birth Date	Height	Weight	Hair Color	Eye Color

Employer & sales information:

Employer's Name		Address	
Local Supervisor's Name		Phone #	
Nature of business to be conducted and brief description of the merchandise and services offered:			
Proposed method of delivery of merchandise (if applicable):			

All vehicles to be used:

Year	Make & Model	Color	License Plate & State
Year	Make & Model	Color	License Plate & State
Year	Make & Model	Color	License Plate & State
Year	Make & Model	Color	License Plate & State

Last 3 locations where you have engaged in door-to-door sales:

City/Village	Town	County	State
City/Village	Town	County	State
City/Village	Town	County	State

Place where you can be contacted for at least 7 days after leaving the Village of Fox Point:

Permanent Address		City	State	Zip
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Have you been convicted of any crime or ordinance violation related to transient merchant business within the last 5 years and/or been convicted of a crime in the last 15 years? Yes No

If yes, complete the section below.

Date of conviction(s)	Place of conviction(s)
Disposition	Nature of offense

Have you ever been denied a transient merchants permit or had a permit revoked?
 Yes No

If yes, explain when: _____ and where: _____

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

Does the business involve handling food or clothing? Yes No
If yes, attach 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 (required).

Attach a copy of your driver's license or photo ID to this application (required).

Non-refundable license fee: \$25.00 Two-week permit \$55.00 Annual permit

Note: Fee includes registration processing fee of \$5.00. Annual permits expire on May 31 of next year.

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

Date

Statement appointing Village Clerk/Treasurer s agent for service of process

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 _____, 20____. _____

Signature

Office Use Only

Date filed with clerk's department	Fee amount paid	Date paid
Date Police Chief notified	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Permit #	Date effective	Village Clerk/Deputy Clerk
Permit revoked	Date revoked	Reason for revocation: