

APPLICATION FOR TRANSIENT MERCHANTS' PERMIT
VILLAGE OF Saukville, Wisconsin
Section 13.06

CHECK ONE: Peddler ___ Canvasser ___ Merchant ___ Other ___

APPLICANT'S PHOTOGRAPH MUST ACCOMPANY THIS FORM (approx. 2" x 2")

NAME OF APPLICANT (Print) _____ Telephone No. _____

Present Saukville Area Address _____

Permanent Home Address _____

Home Address for Past Two Years _____

Date and Place of Birth _____ Marital Status: Married ___ Single ___ Widowed ___

Name and Address of Employer _____

Name and Address of Immediate Supervisor _____

Have you ever been convicted of a violation of Consumer Protection Laws? Yes ___ No ___

Nature of Business _____

General Description of Product Being Sold _____

Source of Supply _____

Place Where Business Is To Be Conducted _____

How Long Will You Be Working In the Village _____

Is A State License Required? Yes ___ No ___, Are Weighing/Measuring Devices Being Used? Yes ___ No ___

If so, a Certificate From the Sealer Of Weights And Measures Must Accompany This Form.

List Three (3) Communities Where Business Was Conducted Immediately Preceding this Application

1. Name _____ Address _____

2. Name _____ Address _____

3. Name _____ Address _____

Have You Ever Had A Permit Revoked? Yes ___ No ___, If Yes, Where: _____

Have You Ever Been Fingerprinted? Yes ___ No ___, _____

(Where, When, Enforcement Agency)

STATEMENT GRANTING PERMISSION FOR POLICE DEPARTMENT TO TAKE FINGERPRINTS _____

PICTURE SUBMITTED _____ FILED _____

BOND REQUIRED _____

(Name and Address of Bonding Company and Agent)

EXPIRATION DATE OF BOND _____ DATE PERMIT REVOKED _____ BY WHOM _____

EXPIRATION DATE OF PERMIT _____ APPLICATION DATE _____ DISPOSITION _____

I hereby certify that the above information is true and accurate to the best of my knowledge.

(Signature of Applicant) Date

Chief of Police Date