

Transient Merchant BUSINESS License Application

City of Wisconsin Rapids
 444 West Grand Avenue
 Wisconsin Rapids WI 54495-2780
 Phone: (715) 421-8200 FAX: (715) 421-8280

License Fee _____	Receipt # _____
	Date _____
Cash Bond _____	
	Cash Bond Receipt # _____
	Date Bond Refunded _____
FOR OFFICE USE ONLY	

Businesses where the owner and employee/representative are the same person may submit one application under the business rate. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee. Check the appropriate boxes below to denote time frame and fee. Businesses must apply no less than 30 days before planned selling activity. Employees/representatives must apply no less than 72 hours before planned selling activity.

	2-day @ \$50		4-day @ \$100		1 week @ \$150		1 month @ \$175		6-month @ \$250		12-month @ \$500
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Date of Application _____ Date Licensing Period Begins _____

BUSINESS INFORMATION

Business Name _____ Ownership Type _____
 Business Address _____
 Wisconsin Seller's Permit # _____ Contact Person _____ Telephone _____

Local address and telephone number from which business will be conducted (Submit statement from property owner giving permission to conduct business.) _____

Owner/On-site Contact Name _____ Date of Birth _____

Owner/On-site Contact Driver's License Number _____ State of Issue _____

Nature of business to be conducted and a brief description of goods offered, and any service offered _____

Proposed method of delivery of goods, if applicable _____

BOND

Dollar Value of Most Expensive Item Being Sold _____ Name of Item _____

Check Bond Type: Cash Surety Amount _____ Surety Policy Period _____

Price of Most Expensive Goods	Cash/Surety Bond Required
Less than \$1	\$1,000
\$1 to \$49.99	\$2,500
\$50 to \$99.99	\$5,000
\$100 to \$249.99	\$7,500
\$250 or More	\$10,000

Cash bonds are refundable after 60 days from the license expiration date, if the city clerk has received no notice of complaints or received assurance from a complainant that the claim has been satisfied, whichever occurs last. Surety bonds will be kept on file until expiration date.

I, hereby appoint the City Clerk as my agent to accept service of process in any civil action brought against the applicant arising out of any act by said applicant in connection with the direct sales activities, in the event I cannot, after reasonable effort, be served.

Signature of Applicant _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public / My Commission Expires _____

Make/Year/Plate Number of Vehicle(s) To Be Used _____

Names of the last three (3) cities, villages, or towns where applicant conducted a similar activity just prior to making this registration:

1. _____ 2. _____ 3. _____

Place where applicant can be personally contacted for at least seven (60) days after leaving Wisconsin Rapids:

Address _____ Telephone _____

Criminal record related to transient merchant business Yes No (If yes, give nature of offense and location) _____

APPLICANT'S STATEMENT

I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.

Date _____ Signature _____

FOR OFFICE USE ONLY

Application referred to Wisconsin Rapids Police Department on _____
It is the recommendation of the undersigned that:

_____ The application be APPROVED and the license be issued.

_____ The application be APPROVED and the license issued subject to the FOLLOWING CONDITIONS and/or REGULATIONS:

_____ The application be DENIED for the following reasons:

Date _____ Signed _____ Title _____