## 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

Date

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	
Date of Application	te of Application Date Licensing Period Begins					
BUSINESS INFORMATION						
Business Name				rship Type		
Wisconsin Seller's Permit ±	Business AddressContact Person		-,	Telenhone		
THIS COLLOWS TO CHARLES		Oontdoct Groom		10100110110		
Local address and telepho	one number from which b			· 		
Owner/On-site Contact Na	me		Date o	of Birth		
Owner/On-site Contact Driv	ver's License Number		State o	of Issue		
Nature of business to be co	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						
					===	
Dollar Value of Most Exper	neiva Itam Raina Sold	BON Name of Ite				
Check Bond Type:	l Cash □ Suretv A	mount	Surety Policy Pe	riod		
Price of Most Ext	pensive Goods	Cash/Surety Bond Re	equired r			
Less than \$1		\$1,000	Cash bond	s are refundable after 60		
·				date, if the city clerk has		
\$50 to \$99.99	***************************************	\$5,000		or received assurance fro		
	***************************************		i i	as been satisfied, whiche	- 1	
	•••••••••••		bonds will b	oe kept on file until expira	tion 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						
Notary Public / My Commis	sion Expires		<u> </u>			
Make/Year/Plate Number of Names of the last three (3)	of Vehicle(s) To Be Used	where applicant conduct	ted a similar activity just p	prior to making this regist	ration:	
Place where applicant can be personally contacted for at least seven (60) days after leaving Wisconsin Rapids:						
AddressTelephone						
Criminal record related to transient merchant business   Yes   No (If yes, give nature of offense and location)						
APPLICANT'S STATEMEN	AIT					
I hereby certify that the ans		atement are complete an	d true and correct to the l	best of my knowledge an	d belief.	

Signature\_

FOR OF	FICE USE ONLY	
	referred to Wisconsin Rapids Police Department onommendation of the undersigned that:	
	The application be APPROVED and the license be issued. The application be APPROVED and the license issued subjection.	ct to the FOLLOWING CONDITIONS and/or REGULATIONS:
	The application be DENIED for the following reasons:	
Date	Signed	Title