

Transient Merchant **EMPLOYEE-REPRESENTATIVE**  
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 _____
Permit # _____
<u>FOR OFFICE USE ONLY</u>

2 day @ \$10	4 day @ \$10	1 week @ \$10	1 month @ \$15	6 month @ \$20	12 month @ \$40
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**A PHOTOCOPY OF DRIVER'S LICENSE / ID IS REQUIRED FOR ALL APPLICANTS.**

Date of Application \_\_\_\_\_

Date Licensing Period Begins \_\_\_\_\_

**EMPLOYEE/REPRESENTATIVE INFORMATION**

Individual's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_

**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 \_\_\_\_\_