

**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 _____
FOR OFFICE USE ONLY

Businesses where the owner and employee/representative are the same person may submit one application under the business rate on the business form. Businesses who hire employee/representatives must submit a business application for the business and separate applications on this form for each employee/representative. 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.

<input type="checkbox"/> 2-day @ \$10	<input type="checkbox"/> 4-day @ \$10	<input type="checkbox"/> 1 week @ \$10	<input type="checkbox"/> 1 month @ \$15	<input type="checkbox"/> 6-month @ \$20	<input type="checkbox"/> 12-month @ \$40
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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 _____

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 _____

BUSINESS INFORMATION

Business Name _____
 Business Address _____
 Business Contact Person _____ Telephone _____
 Local address and telephone number from which business will be conducted _____
 On-site Contact Name _____
 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 _____

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:	
<input type="checkbox"/>	The application be APPROVED and the license be issued.
<input type="checkbox"/>	The application be APPROVED and the license issued subject to the FOLLOWING CONDITIONS and/or REGULATIONS:

<input type="checkbox"/>	The application be DENIED for the following reasons:

Date _____	Signed _____ Title _____