

**CITY OF STURGEON BAY
TRANSIENT MERCHANT PERMIT APPLICATION**

PRINT NAME _____

PERMANENT ADDRESS _____

AGE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

TEMPORARY ADDRESS & TELEPHONE NUMBER FROM WHICH BUSINESS SHALL BE CONDUCTED:

REQUESTED START DATE _____ REQUESTED END DATE _____

LETTER RECEIVED FROM PROPERTY OWNER FOR TEMPORARY USE OF LOCATION

NAME, ADDRESS, & TELEPHONE NUMBER (OF PERSONS, FIRM, ASSOCIATION, OR CORPORATION THAT DIRECT SELLER REPRESENTS OR IS EMPLOYED BY, OR WHOSE MERCHANDISE IS BEING SOLD)

_____ TELEPHONE _____

NATURE OF BUSINESS TO BE CONDUCTED & BRIEF DESCRIPTION OF GOODS OR SERVICES OFFERED:

PROPOSED METHOD OF DELIVERY (IF APPLICABLE): _____

MAKE, MODEL, YEAR OF VEHICLE TO BE USED: _____

LICENSE NUMBER: _____ STATE LICENSED ISSUED: _____

NAME OF THREE CITIES, TOWNS, OR VILLAGES WHERE LAST WORKED CONDUCTING SIMILAR BUSINESS:

1.	_____	DATES	_____
2.	_____	DATES	_____
3.	_____	DATES	_____

PLACE WHERE YOU CAN BE CONTACTED AT LEAST SEVEN DAYS AFTER LEAVING STURGEON BAY:

_____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ORDINANCE VIOLATION RELATED TO YOUR TRANSIENT MERCHANT BUSINESS WITHIN THE LAST FIVE (5) YEARS? YES _____ NO _____

IF YES, PLEASE PROVIDE DATE, PLACE, AND NATURE OF OFFENSE: _____

I, THE UNDERSIGNED, DO HEREBY APPOINT THE CITY CLERK AS MY AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST ME ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY ME IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF MYSELF, IN THE EVENT THAT I CANNOT, AFTER REASONABLE EFFORT, BE SERVICED PERSONALLY. ALSO, I HEREBY AUTHORIZE THIS RELEASE OF RECORDS INFORMATION TO THE CITY OF STURGEON BAY FOR LICENSING PURPOSES. THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND I HAVE NOT OMITTED ANY PERTINENT INFORMATION.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

PURSUANT TO ORDINANCE 1152-0805, THE UNDERSIGNED HAS MADE THE INVESTIGATION REQUIRED IN THE CASE OF THE APPLICATION OF THE SAID APPLICANT FOR A DIRECT SELLER, PEDDLER, OR TRANSIENT MERCHANT PERMIT. THE UNDERSIGNED RECOMMENDS THAT A PERMIT BE GRANTED TO SAID APPLICANT.

CHIEF OF POLICE _____ DATE _____

CITY CLERK _____ DATE _____

PERMIT NUMBER: _____

DATE OF APPLICATION: _____

PERMIT VALID 30 DAYS: _____

COPY OF DRIVER'S LICENSE

COPY OF STATE CERT WEIGHTS & MEASURES

COPY OF STATE HEALTH OFFICERS CERT

\$55.00 TRANSIENT MERCHANT FEE PAID