Village of Almena Direct Seller/Transient Merchant Permit Application

131 Soo Ave E ♦ PO Box 277 ♦ AlmenaWI 54805 ♦ (715) 357-6600

Ivaii	ne of Seller:				Emp	oyee 1:			
Add	ress:				Emp	oyee 2:			
					Addı	ess:			
	ne Number: ation of Sale:				Phon	e Numb	er:		
Loca	ation of Sale.								
DESC:	RIPTION OF	SELLER:		Г					
Selle	er's Height:		Eye Color:			Date o	f Birth:		
Selle	er's Weight:		Hair Color:			DL Nu	ımber:		
REC	UIRED DOC	UMENTATION: D	Priver's License, Ident	tification (Card, '	VI State	Health (Officers Certifica	te, Weight Co
VEF	HICLE DESC		PLATE #:						
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Last	City/ Village	S010.		State:					State:
			v/in 7 days after leavin		a:				State.
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Police Chief's Signature

Date