

VILLAGE OF CAMERON
300 N. 1ST STREET
CAMERON, WI 54822

APPLICATION FOR TRANSIENT MERCHANT/SOLICITOR LICENSE

(Review and Action by: Clerk/Treasurer and Chief of Police)

Date Filed: _____ Fee Paid: _____

Name and Permanent Address of Applicant: _____

Applicants Drivers License # _____

Vehicle Used: _____
Year Make Model Type

Nature of Business: _____

Phone Number: _____

Name and address of Person, Firm or Corporation Represented: _____

Goods to be Sold: _____

Length of Time License is Needed: _____

State of Wisconsin Sellers Permit Number: _____

Federal I.D. Number: _____

Location where products will be sold: _____

APPLICANTS MUST PRESENT THE FOLLOWING

1. A driver's license or some other proof of identity as may be reasonably required.
2. A physicians certificate where Applicant's business involves the handling of food or clothing and is required to be certified under State Law, such certificate to state the Applicant is apparently free from any contagious or infectious disease, and dated not more than 90 days from the date the Application for License is made.
3. Liability Insurance Coverage

No Application shall be processed until the fee is paid.

Photo identification must be submitted with application for all persons involved in the business.

Date Application referred to the Chief of Police: _____

Date: _____

Signature of Applicant