



Village of Genoa City

755 Fellows Rd, PO Box 428 | Genoa City, WI 53128
(262) 279-6472 Fax: (262) 279-6618

Direct Sellers Permit Application

(Solicitors, Canvassers, Transient Merchants, Food Trucks)

Fee: \$75.00

	Proof of Liability Insurance - naming the Village of Genoa City, its employees and agents, as additionally insured.		
	Copy of Driver's License		Copy of WI DOR Sellers Permit
	Current WI State Health Certificate (food/clothing vendors)		WI State Cert. from Weights/Measurers (if applicable)

APPLICANT

Name: _____

Permanent Home Address: _____

Telephone Number: _____

DOB _____ Height _____ Weight _____ Hair _____ Eyes _____

Telephone Number: _____

(Where you can be contacted for at least 7 days after leaving Genoa City. Provide address/phone if different from above)

List all crimes, misdemeanors, or violations of municipal ordinances you have been convicted of within the last five (5) years and all penalties received for such violations, including place of conviction.

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

If business is to be conducted from a temporary location list address and phone: _____

Business Phone: _____

Description of Business/Merchandise/Services: _____

If selling merchandise, how will it be delivered: _____

Vehicle to be used: Make _____ Model _____ License: _____

List the three most recent cities, towns or villages where you have conducted similar business: _____

This permit follows the Village of Genoa City Ordinance §128 and I agree to comply with all rules and regulations set forth therein and that all statements made for this application are true.

Applicant Signature: _____ Date: _____

Office Use Only:			
Date Filed:	Amount Paid:	Received by:	Permit#
Processing Officer Approval		Approved / Denied	
Date			