VILLAGE OF MISHICOT
MERCHANTS APPLICATION

REPORT NO._____

Business name:_____
Business address:_____
Nature of business:_____
Place of business to be conducted:_____
Description of items intended to be sold, disposed of or contracted for:_____

_____

_____

Length of time desired for permit:_____

Owner of Business:

NAME Last	First	Middle	Date of Birth	Telephone Number

Current Address	State	Zip Code

Prior Address for Previous Two Years	State	Zip Code

Employees to be covered by the Permit:

NAME Last	First	Middle	Date of Birth	Telephone Number

Address	State	Zip Code

NAME Last	First	Middle	Date of Birth	Telephone Number

Address	State	Zip Code

NAME Last	First	Middle	Date of Birth	Telephone Number

Address	State	Zip Code

A copy of all contracts, order forms or other documents used in this business shall be filed with this application. A fee of Five Dollars ($5.00) for each person listed on this application is required. If the application is not complete a bond may be required prior to a permit being issued.

All of the information contained in this application is true and correct.

_____ _____
Applicant Signature Date

Received by _____ Date _____