VILLAGE OF WALES
APPLICATION FOR LICENSE
SOLICITORS AND TRANSIENT MERCHANTS

* *$25 Application Fee **
$75 License Fee
Check, Cash, or Credit.

Fees are non-refundable and due at time of Application submission.

License must be applied for at least 3 business days prior to the Monthly Village Board Meetings (Board meetings are held on the first and third Mondays of each month) _____, 20__

ANSWER THE FOLLOWING QUESTIONS COMPLEETLY, FAILURE TO COMPLETE ALL INFORMATION MAY RESULT IN DENIAL OF LICENSE APPLICATION.

PLEASE PRINT OR TYPE

1. Applicant Information

Full Name: _____ Date of Birth: ____ / ____ / _____

Your Current Home Address: _____

City / State / ZIP: _____

Phone Number: _____Email: _____

2. Business Information

Business Name: _____Owner name_____

Business Address: _____

City / State / ZIP: _____Business Phone (__)_____

Type of Goods/Services Sold: _____

3. Date of Solicitation (the village allows for 90 consecutive days.)

Start Date: ____ / ____ / _____

4. Identification & Background

Driver's License / State ID Number: _____State of Issue: _____ Expiration Date:_____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, explain: _____

_____

_____

_____

5. Vehicle Information (if applicable)

Make / Model / Year: _____

License Plate Number:_____State _____

6. Required Attachments

☐ Copy of Driver's License or State Photo or ☐ Recent passport-style photographs

☐ Proof of Wisconsin Seller's Permit (if applicable)

7. Certification

I hereby certify that the information provided is true and complete to the best of my knowledge. I understand that false statements will/may result in denial or revocation of my license. I agree to comply with all applicable Village ordinances and Wisconsin state laws, by signing this application form I agree to allow the Village of Wales to perform a State of Wisconsin background check.

Signature: _____ **Date:** ____ **/** ____ **/** _____

_____****Do not write below this Line*****_____

Village Use Only

Date application Received: ____ / ____ / _____

Fee Paid: $_____ Receipt #: _____

Background Check Completed: ☐ Yes ☐ No

License Approved: ☐ Yes ☐ No (if not approved provide brief explanation in notes below)

License Number: _____

Expiration Date: ____ / ____ / _____

Additional Notes;