

**TRANSIENT MERCHANTS  
APPLICATION FOR LICENSE**

(PEDDLERS OR CANVASSERS)

CITY OF MONDOVI - Ordinance, Section 15.03 Mondovi, Wisconsin

Annual Application Fee \$25

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant's

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Full Name \_\_\_\_\_

Cell Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Physical Description

<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Race</u>	<u>Hair Color</u>	<u>Eye Color</u>
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Permanent Home Address

City

State

Zip

Phone

Temporary/Local Address from which business will be conducted (if different from above)

City

State

Zip

Phone

Name of **Employer/Firm you Represent** or are Employed by or Whose Merchandise is Being Sold:

Address

City

State

Zip

Phone

Nature of Business and Brief Description of Merchandise and any service offered (include Brand name if any):

Proposed Method of Merchandise Delivery: \_\_\_\_\_

Where are the Goods Located Now: \_\_\_\_\_

Names of two (2) References (Property Owners in Buffalo County):

Name _____	Phone _____	Name _____	Phone _____
Address _____		Address _____	

Names of three (3) local communities where the same business as applied for was recently carried on prior to this application:

Vehicle Information: Year \_\_\_\_ Make \_\_\_\_ Model \_\_\_\_ Color \_\_\_\_ Lic. Plate No. \_\_\_\_

In the past five (5) years have you ever been convicted of any crime or ordinance violation (other than traffic violation)?

Yes

No

If yes, give nature of offense and place of conviction: \_\_\_\_\_

(use back of page if more space is needed)

Where can you be contacted for at least seven (7) days after leaving Mondovi: \_\_\_\_\_

Seller's Permit No. (if required by State Statute):

Copy of Drivers License (State \_\_\_\_)

Provide

Certificate of Registration from the Wisconsin Dept. of Workforce Development (Out of State Applicants)

Copy of State/County Food Permit (if involves handling of food)

Copy of State Certificate of Examination and approval from the sealer of weights and measures (if applicable)

I, the undersigned, hereby swear and affirm that in making this application I have truthfully answered all questions above to the best of my knowledge and belief; that I am aware of the provisions of Ordinance Section 15.03 Sales by Transient Merchants and agree to abide by its conditions; and that I am aware that any false statement or answer on this application voids the License that may be issued on the basis of the facts herein provided. I also swear and affirm that I retain ALL necessary state and federal license/permits required by law for the nature of business this Application for License represents and have provided copies to the City of Mondovi.

State of Wisconsin, Buffalo County

Applicant Signature: \_\_\_\_\_

Scribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notary

On \_\_\_\_/\_\_\_\_/\_\_\_\_ a complete investigation was made and application is accepted by Police Chief, \_\_\_\_\_