

**CITY OF STURGEON BAY
TRANSIENT MERCHANT REGISTRATION**

PRINT NAME _____

PERMANENT ADDRESS _____

AGE _____ HEIGHT _____ WEIGHT _____ HAIR _____ EYES _____

TEMPORARY ADDRESS & TELEPHONE NUMBER FROM WHICH BUSINESS SHALL BE CONDUCTED:

START DATE _____ END DATE _____

NAME, ADDRESS, & TELEPHONE NUMBER (OF PERSONS, FIRM, ASSOCIATION, OR CORPORATION THAT DIRECT SELLER REPRESENTS OR IS EMPLOYED BY, OR WHOSE MERCHANDISE IS BEING SOLD)

_____ TELEPHONE _____

NATURE OF BUSINESS TO BE CONDUCTED & BRIEF DESCRIPTION OF GOODS OR SERVICES OFFERED:

PROPOSED METHOD OF DELIVERY (IF APPLICABLE): _____

MAKE, MODEL, YEAR OF VEHICLE TO BE USED: _____

LICENSE NUMBER: _____ STATE LICENSED ISSUED: _____

NAME OF THREE CITIES, TOWNS, OR VILLAGES WHERE LAST WORKED CONDUCTING SIMILAR BUSINESS:

- | | | | |
|----|-------|-------|-------|
| 1. | _____ | DATES | _____ |
| 2. | _____ | DATES | _____ |
| 3. | _____ | DATES | _____ |

PLACE WHERE YOU CAN BE CONTACTED AT LEAST SEVEN DAYS AFTER LEAVING STURGEON BAY:

_____ PHONE _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ORDINANCE VIOLATION RELATED TO YOUR TRANSIENT MERCHANT BUSINESS WITHIN THE LAST FIVE (5) YEARS? Yes _____ No _____
IF YES, PLEASE PROVIDE DATE, PLACE, AND NATURE OF OFFENSE: _____

I, THE UNDERSIGNED, DO HEREBY APPOINT THE CITY CLERK AS MY AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST ME ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY ME IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF MYSELF, IN THE EVENT THAT I CANNOT, AFTER REASONABLE EFFORT, BE SERVICED PERSONALLY. ALSO, I HEREBY AUTHORIZE THIS RELEASE OF RECORDS INFORMATION TO THE CITY OF STURGEON BAY FOR LICENSING PURPOSES. THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND I HAVE NOT OMITTED ANY PERTINENT INFORMATION.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

PURSUANT TO ORDINANCE 1152-0805, THE UNDERSIGNED HAS MADE THE INVESTIGATION REQUIRED IN THE CASE OF THE APPLICATION OF THE SAID APPLICANT FOR A DIRECT SELLER, PEDDLER, OR TRANSIENT MERCHANT PERMIT. THE UNDERSIGNED RECOMMENDS THAT A PERMIT BE GRANTED TO SAID APPLICANT.

CHIEF OF POLICE _____ DATE _____

FIRE CHIEF _____ DATE _____

CITY CLERK _____ DATE _____

PERMIT NUMBER: _____

DATE OF APPLICATION: _____

PERMIT VALID 30 DAYS: _____

- COPY OF DRIVER'S LICENSE
- COPY OF STATE CERT WEIGHTS & MEASURES
- COPY OF STATE HEALTH OFFICERS CERT
- COPY OF GENERAL BUSINESS LIABILITY INSURANCE
- SITE PLAN ILLUSTRATING VENDOR/FOOD VENDING VEHICLE LOCATIONS
SITE PLAN NEEDS TO SHOW SETBACKS,
ACCESS, SEATING, BATHROOM FACILITIES,
STORED EQUIPMENT, SERVICE AREA
- \$55.00 TRANSIENT MERCHANT FEE PAID