

**CITY OF STURGEON BAY  
SEASONAL MERCHANT PERMIT APPLICATION**

BUSINESS NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

- LETTER RECEIVED FROM PROPERTY OWNER FOR TEMPORARY USE OF LOCATION
- MAP OF AREA. MUST INCLUDE DISTANCE AWAY FROM BUILDING OR ROAD AND SIZE OF REQUESTED SET UP AREA.

REQUESTED START DATE \_\_\_\_\_ REQUESTED END DATE \_\_\_\_\_

- TWO MONTH PERMIT (\$110 FEE)                       THREE MONTH PERMIT (\$165 FEE)
- FOUR MONTH PERMIT (\$220 FEE)                       FIVE MONTH PERMIT (\$275 FEE)
- SIX MONTH PERMIT (\$330 FEE)

**\*\* MUST BE CONSECUTIVE MONTHS IN ORDER TO OBTAIN SEASONAL MERCHANT PERMIT.**

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

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

EMPLOYEES WHO WILL BE CONDUCTING BUSINESS FOR: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

2. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

3. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

4. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

5. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

6. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
 DRIVER'S LICENSE SUBMITTED  \$10 INVESTIGATION FEE PAID

PERMIT NUMBER: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

EXPIRATION DATE OF PERMIT: \_\_\_\_\_

- 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
- SEASONAL MERCHANT FEE PAID (AS INDICATED ON PAGE 1)