

Application

TOWN OF LAKE MILLS-# _____
REGISTRATION FOR DIRECT SELLERS,
TRANSIENT MERCHANTS, AND SOLICITORS

(Each direct seller, transient merchant or solicitor needs to file a separate application, COPY OF DRIVER'S LICENSE REQUIRED TO BE SUBMITTED WITH APPLICATION AND FEE)

Date of application: _____ to what date is permission requested? _____

Applicants Name:

Last _____ First _____

MI _____

Previous Name(s): within the last 5 yrs. _____

Name of Business/Organization (if different) _____

Contact at Business/ Applicants Supervisor: _____

Address of Applicant/Business:

Nature of Goods or Services Offered:

Phone #: _(_____) _____ Business/Org Phone: _(_____) _____

Cell Phone: _(_____) _____ Fax: _(_____) _____

Driver's Lic. #: _____ State: _____ Date of Birth: ___/___/___

Municipalities in which applicant has engaged in vending during past five years:

1. Name of Municipality/County: _____

Address: _____

2. Name of Municipality/County: _____

Address: _____

3. Name of Municipality/County: _____

Address: _____

Name of Person(s) in Charge or be (present) during sale: (each individual needs to complete application) _____

Date and Times requested for vending: _____

Location of place to be vending: _____

Method of sales: _____

Area of Solicitations: _____

Type of Goods to be sold:

Vehicle Descriptions, License plates, and number of vehicles to be used while vending:

Make: _____ Model: _____ Color: _____ Year: _____ Lic. Plate #: _____

State: _____ Other: _____

Are you the registered owner of the described vehicle? Yes No (circle one)
If no, who is the registered owner of the vehicle: _____

Do you/your business hold a physician's certificate? Yes No (circle one)

List at least 3 business associates or referrals from customers or lenders. Supply name and phone number.

1. _____
2. _____
3. _____

Have you or any of your employees ever been convicted of a crime or violated any law or ordinance where the penalty was a forfeiture?

If yes, list date of conviction, law violated and penalty imposed: _____

PLEASE READ THE ATTACHED COPY OF THE TOWN OF LAKE MILLS ORDINANCE IN ITS ENTIRETY.

Non-Refundable Application fee: **\$150.00** (fee subject to change, confirm with clerk for current fee amount, make checks payable to Town of Lake Mills)

AS PETITIONER, I UNDERSTAND AND WILL ABIDE BY THE REQUIREMENTS, RESTRICTIONS, AND EXEMPTIONS SET FORTH BY THE TOWN OF LAKE MILLS ORDINANCE 2-5 et al. I, the applicant, understand and agree to payment of required fees:

Signature

Date

.....

Office use

Payment Info: _____ Application received by: _____

Reference/Background Checks

Completed _____ Approved _____ Denied _____

Reasons _____
