

**TRANSIENT MERCHANT
AND CHARITABLE ORGANIZATION
LICENSE APPLICATION
CITY OF WAUPACA**

111 South Main Street

Waupaca, WI 54981-1583

(Please Type or Print)

() Transient Merchant () Charitable Organization

Tax Exempt No. _____

Name _____
FIRST NAME, MIDDLE INITIAL, LAST NAME

Permanent Address: _____

Telephone Number (_____) _____

Temporary Address, if any _____

Drivers License# _____ Make & Model of Vehicle To Be Used in Conduct
of Sales or Solicitations _____

Date of Birth: _____ License Plate No. _____

Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

Name of Person, Firm, Association or Corporation seller represents, is employed by or whose
Merchandise is being sold _____

Address _____ Telephone No. _____

Temporary address and telephone number from which sales or solicitations will be conducted, if
any _____

Nature of Sales or Solicitations and brief description of goods and/or services offered:

Dates and Times of Sales or Solicitations _____

Proposed method of delivery of goods, if applicable _____

Last 3 cities, villages and towns where you have conducted similar sales or solicitations _____

References _____

Address of place where you can be contacted for at least seven days after leaving this City _____

PLEASE COMPLETE OTHER SIDE OF FORM

Have you ever been convicted of any crime or ordinance violation related to your sales or solicitation or other transient merchant activities within the last 5 years?

/ / Yes / / No

If yes, state nature of offense and place of conviction _____

I hereby appoint the Clerk – Treasurer of the City of Waupaca as my agent to accept service of process in any civil action brought against myself arising out of any sale, service performed or solicitation by myself in connection with the direct sales or solicitation activities by myself in the event I cannot, after reasonable effort, be served personally.

Date _____

Signature

STATE OF WISCONSIN)

City of Waupaca)

Subscribed and sworn to before me this
_____ Day of _____, 20 _____

Notary Public
My Commission Expires _____

(For Office Use Only)

PERMIT FEE: \$25.00 Date Paid _____ Receipt No. _____

BACKGROUND CHECK \$12.00/ \$20.00 out of state

Bond Posted (\$5,000 – Where Applicable) Date _____ Receipt No. _____

RESULTS OF INVESTIGATION _____

SIGNATURE CHIEF OF POLICE

Pars _____ CH _____ WCCA _____ Parking _____