

# TRANSIENT MERCHANT LICENSE APPLICATION

Permit valid from date of issuance to December  
31<sup>st</sup> of current year.  
Process time is 15 – 30 days.

## Fees

- \$50 per person
  - \$7 per background check
- (All Fees Non-Refundable)**  
Fingerprinting is an additional fee  
due to the Police Department.

The following copies must also be included with the license application:

- ☐ Driver's License or some other proof of identity (applicant must be 18 years of age or older to apply)
- ☐ Wisconsin Department of Revenue Seller's Permit or satisfactory evidence that the applicant is exempt from holding such permit

The following copies may also be required to be included with application depending on the nature of the business:

- ☐ State certificate from the sealer of weights and measures if business uses weighing and measuring devices
- ☐ State health officer's certificate if business involves handling of food or clothing
- ☐ If applicant belongs to a traveling sales crew, a copy of their employer's certificate of registration issued through the Department of Workforce Development, as well as their own work permit and identification card, as required by Wis. Stats. §103.34 or provide proof of exemption

As provided by **Section 70-41** of the Municipal Code of the Village of Menomonee Falls, application is hereby made for a Peddlers & Transient Merchant License.

## APPLICANT INFORMATION

|   |        |            |                        |               |
|---|--------|------------|------------------------|---------------|
| Last Name   |        | M.I.       | First Name             |               |
| Permanent Residence Address   |        | City       | State                  | Zip           |
| Current Temporary Residence Address                                     |        | City       | State                  | Zip           |
| E-mail Address  |        |            |                        |               |
| Drivers License Number  |        | D.L. State | Telephone              | Date of Birth |
| Age   | Height | Weight     | Color of Hair          | Color of Eyes |
| List Previous Addresses for Past Five (5) Years (If none, write "none") |        |            | Dates Last Lived There |               |
| 1) _____  |        |            | - _____                |               |
| 2) _____  |        |            | - _____                |               |

## CORPORATION/BUSINESS REPRESENTED

|  |  |            |       |           |  |
|--|--|------------|-------|-----------|--|
| Legal Business Name  |  | Trade Name |       | Telephone |  |
| Company Address  |  | City       | State | Zip       |  |
| Temporary Address from which Business will be conducted (if applicable): |  |            |       |           |  |

|   |
|---|
| Nature of Business & General Description of the Merchandise & Any Services Offered: |
|   |

|   |                            |                |     |
|---|----------------------------|----------------|-----|
| Proposed Methods of Delivery:   |                            |                |     |
|   |                            |                |     |
| The Length of Time to do Business is Desired ( <i>Permit valid from date of issuance to December 31<sup>st</sup> of the current year</i> ): |                            |                |     |
|   |                            |                |     |
| Description of Vehicle Used for Business by Applicant:  |                            |                |     |
| Make of Vehicle   | Model                      | License Number |     |
|   |                            |                |     |
| Past Three (3) Most Recent Municipalities & Addresses Where Applicant Conducted Business:   |                            |                |     |
| 1) _____  |                            |                |     |
| 2) _____  |                            |                |     |
| 3) _____  |                            |                |     |
| Place Where Applicant can be Contacted for at Least Seven (7) Days After Leaving Menomonee Falls:   |                            |                |     |
| Address   | City                       | State          | Zip |
|   |                            |                |     |
| Have You Been Convicted of ANY Crime or Ordinance Violation within the Last Five (5) Years?   |                            |                |     |
| (   ) YES   (   ) NO  |                            |                |     |
| Nature of Offense   | Date & Place of Conviction |                |     |
|   |                            |                |     |

*By signing below, the applicant understands and agrees to the appointment of the Menomonee Falls Village Clerk as the applicant's agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant or the applicant's agent, in the event that the applicant cannot, after reasonable effort, be served personally. The applicant understands that if the Menomonee Falls Village Clerk is served with service of process as stated in this paragraph, the Menomonee Falls Village Clerk is only required to mail a copy of the process so served by regular mail to the permanent address listed above.*

*Applicant understands that information on this application and collected as part of the licensing investigation becomes a public record and is subject to disclosure to the public upon request.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

|   |   |                        |
|---|---|------------------------|
| Village of Menomonee Falls Administrative Use Only: |   |                        |
| Date received & filed with Municipal Clerk          | Date sent to Police Department                  | License number granted |
| Date license issued                                 | Fingerprints on File<br>(   ) Yes      (   ) No |                        |