



Peddler, Canvasser and Transient Merchant License Application

Code 6.52.070

Please Print Clearly

Two-Day limit: \$50

Semi-Annual Permit: \$100.00

Annual Permit: \$200.00

Name of Applicant _____
Last First Middle

Date of Birth _____
Day/MM/Year

List all names you have used including nicknames or maiden name:

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

Social Security # _____ Phone Number: _____ cell or home

Complete permanent home address _____
Address City State

Temporary address & phone number, if any _____

Local address & phone from which business will temporary be conducted, if any:

Do you hold a valid driver's license? Yes No State _____

Driver's License Number _____

If a vehicle is to be used by applicant in the conduct of his/her business, state the following information:

Veh. Make _____ Veh. Model _____ Color _____

Lic. Plate # _____ State _____

Brief description of nature of the business (or charitable cause) and goods to be sold:

If employed, the name and address of the employer, together with credentials establishing the exact relationship:

Length of time for which to do business is desired (circle one): Sp. Event 2-Day 6-month 12-month

Source of supply of goods or property proposed to be sold, or orders taken for the sale thereof, where such goods or products are located at the time of publication and proposed method of delivery _____

The last cities or villages, not to exceed three, where applicant carried on business immediately preceding date of application and the addresses from which such business was conducted in those municipalities _____

Place where Applicant can be contacted for at least seven (7) days after leaving city:

Have you ever been convicted of a Felony? Yes No

Do you have any criminal or ordinance charges presently pending against you? Yes No

Do you presently have any overdue or outstanding forfeitures resulting from a violation or any city ordinance?
Yes No

If you have answered **YES** to any of the above questions, list the date, nature of offense and the location of the offense (City, County and State)

Date	Nature of Offense	Location: City, County and State
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Additional Remarks:

I AM AWARE THAT WILFULLY WITHHOLDING INFORMATION OR MAKING FALSE STATEMENTS ON THIS APPLICATION WILL BE BASIS FOR DENIAL OF PERMIT. I AGREE TO THESE CONDITIONS AND I HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

STATE OF WISCONSIN
FOND DU LAC COUNTY

Applicant Name *(Please Print)*

Signature of Applicant *(Sign in Front of a Notary)*

Subscribed and sworn to before me the _____ day of _____, 20_____

Signature of Notary

My commission expires: _____

• • • Allow at least 72 hours for background check to be completed • • •

Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971. Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card <i>(Circle One)</i>	Receipt Number:
Date application reviewed by City Administrator:	City Administrator Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	City Administrator Initial:
Date application reviewed by Police Department:	Police Chief Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Denied	Police Chief Initial:
License Number:	Date Issued:	Initial of Clerk/Deputy Clerk: