



**CITY OF ADAMS**  
 OFFICE OF THE CITY CLERK  
 101 N. MAIN STREET, P.O. BOX 1009  
 ADAMS, WI 53910  
 Telephone: (608) 339-6516 Fax: (608) 339-8170

**FLEA MARKET  
 LICENSE APPLICATION  
 \$250.00 Annual Permit**

License year: July 1, 20\_\_\_\_ to June 30, 20\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 (Business name at Adams location)

Business Address \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
 (Property Owner(s))

Address \_\_\_\_\_

List name and address of owners and occupants of adjacent properties:	

Dates during which the Flea Market shall be open: \_\_\_\_\_

Estimated number of Direct Sellers at the Flea Market: \_\_\_\_\_

Provide drawing on back or separate sheet showing the following items:

- \_\_\_\_ Size
- \_\_\_\_ Location and size of building(s) on property
- \_\_\_\_ Adjacent streets
- \_\_\_\_ Alleys and exits to and from the property
- \_\_\_\_ Proposed area for customer parking
- \_\_\_\_ Proposed location for booths and stands of Direct Sellers

**I HEREBY AGREE TO COMPLY WITH ALL LAWS, ORDINANCES AND REGULATIONS PERTAINING TO THE LICENSING OF THE ABOVE. I CERTIFY THAT ALL THE ABOVE ARE TRUE AND CORRECT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY CLERK**

Date rcv'd & filed w/municipal clerk	Date reported to council	Date License granted
License number issued	Date license issued	Signature of Clerk/Deputy Clerk