

Transient Merchant EMPLOYEE-REPRESENTATIVE License Application

City of Adams
101 N. Main St., P.O. Box 1009
Adams, WI 53910
Phone: (608) 339-6516
FAX: (608) 339-8170

License Fee _____
Receipt # _____
Date _____
FOR OFFICE USE ONLY

Businesses where the owner and employee/representative are the same person may submit one application under the business rate on the business form. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee/representative. Check the appropriate boxes below to denote time frame and fee. Businesses must apply no less than 30 days before planned selling activity. Employees/representatives must apply no less than 72 hours before planned selling activity.

- | | |
|--|--|
| <input type="checkbox"/> 2-day @ \$10 | <input type="checkbox"/> 1 month @ \$25 |
| <input type="checkbox"/> 4-day @ \$20 | <input type="checkbox"/> 6-month @ \$25 |
| <input type="checkbox"/> 1 week @ \$25 | <input type="checkbox"/> 12-month @ \$30 |

Date of Application: _____ Date Licensing Period Begins _____

EMPLOYEE/REPRESENTATIVE INFORMATION

Individual's Full Name _____ Date of Birth _____

Permanent Address _____

Height _____ Weight _____ Hair Color _____ Sex _____ Telephone _____

Driver's License Number _____ State of Issue _____

Make/Year/Plate Number of Vehicle(s) To Be Used _____

Names of the last three (3) cities, villages, or towns where applicant conducted a similar activity just prior to making this registration:

- 1) _____ 2) _____ 3) _____

Place where applicant can be personally contacted for at least seven (7) days after leaving the City of Adams:

Address _____ Telephone _____

BUSINESS INFORMATION

Business Name _____

Business Address _____

Business Contact Person _____ Telephone _____

Local address and telephone number from which business will be conducted _____

On-site Contact Name _____

Nature of Business to be conducted and a brief description of goods offered, and any services offered _____

Proposed method of delivery of goods, if applicable _____

APPLICANT'S STATEMENT

I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.

Date _____ Signature _____

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Application referred to City of Adams Police Department on _____

It is the recommendation of the undersigned that:

- The application be APPROVED and the license be issued.
- The application be APPROVED and the license be issued subject to the FOLLOWING CONDITIONS and/or REGULATIONS:

The application be DENIED for the following reasons:

Date _____

Signed: _____

Title: _____