



City Clerk's Office, 9229 W Loomis Rd, Franklin, WI 53132  
(414) 425-7500

## Transient Merchant Permit Application

### **St Martin's Fair 2025**

August 31 & September 1, 2025

St. Martin's Fair Food Vendors:

Enclosed are the application forms for St. Martin's Fair 2025. Also enclosed is a Transient & Mobile Food Vendor Information Sheet. This form and fee structure correspond to the current Wisconsin Department of Agriculture Trade & Consumer Protection (DATCP) licensing of transient and mobile food vendors. If you have questions specific to food sales, please contact the Franklin Health Department at (414) 425-9101.

**The deadline for application materials is Friday, August 22nd, at 4:00 pm. You must complete and return ALL pages to the clerk's office with the correct fee, including the \$10 Background Check Fee.**

Permit applicants must provide full name, address and Wisconsin Seller's Permit number. If you do not have a Wisconsin Sellers Permit, a social security number or federal employer identification number is required on the Wisconsin Temporary Event Vendor Information form.

Wisconsin Seller's Permits may be obtained by contacting:

State of Wisconsin Department of Revenue

819 N. 6th Street, Room 408

Milwaukee WI 53203

Phone (608)266-2772

For information and forms, go to <http://www.revenue.wi.gov>

**The City does not provide spaces for your booth at the Fair, nor does it keep a list of available spaces.** You are responsible for contacting landowners in the Fair area. The permit issued by the City of Franklin is for a maximum of 30' frontage. Additional space is available for an extra fee.

**All out-of-state vendors are required to pay by cash, money order, or cashier's check if payment is made less than three weeks prior to the Fair.**

If you have any questions, please call this office at (414) 425-7500.

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Checklist of Materials to Return:

- ☐ Transient Merchant Permit Application (front/back)
- ☐ Wisconsin Temporary Event Vendor Information form (S-240)
- ☐ St. Martin's Fair Mobile & Transient Inspection Application (front/back)
- ☐ General Permit Requirements for All St. Martin's Fair Transient Merchants
- ☐ Copy of non-expired State Identification or Driver's License

Please read, sign & return this sheet with application

City of Franklin  
9229 W. Loomis Road  
Franklin, WI 53132  
(414)425-7500

**GENERAL PERMIT REQUIREMENTS  
FOR ALL ST. MARTIN'S FAIR TRANSIENT MERCHANTS:**

1. Permit will be issued to applicant, upon payment of required fees and upon signature of applicant to follow rules governing operation at St. Martin's Fair.
2. All operations that serve and/or sell food and non-beverage items, except for unprocessed food, are required to obtain and display this permit. **Unprocessed food** includes farm products that are grown/produced by the farmer/seller on the farmer/seller's property (e.g. honey if unprocessed must be appropriately labeled and does not require a permit).
3. All property owners selling space to vendors are responsible to notify vendors of permit requirements and regulations of St. Martin's Fair.
4. All food and beer stands shall provide plastic liners for the trash barrels which they use, and they shall change the liners as the barrels are filled.
5. No stakes shall be placed in any public asphalt or concrete walkway or street.
6. Animals must be restrained or fenced, and kept reasonably away from public reach.

**FOOD OPERATION**

1. All food vendors must be properly licensed according to ATCP 75.
2. All mobile food vendors must comply with Chapter 9 of the Wisconsin Food Code.
3. All transient food vendors must comply with Chapter 10 of the Wisconsin Food Code.
4. All food vendors must fill out the "**Transient & Mobile Food Vendor Information Sheet for St. Martin's Fair**" and return it to the Franklin Health Department, along with applicable inspection fees and a copy of current licenses.
5. Selling and serving of home-baked, home-canned, or home-processed food is prohibited, except those specifically exempted by the State of Wisconsin Department of Agriculture. **Please contact the City of Franklin Health Department with questions regarding exemptions at 414-425-9101.**
6. All Time/Temperature Control for Safety (TCS) foods must be mechanically refrigerated.
7. All food vendors must be located at least 50 feet away from port-a-johns and animals.
8. Operations not meeting Wisconsin Food Code requirements are subject to closure by the Sanitarian upon inspection during the Fair.

**FIRE PREVENTION & SAFETY**

1. All food peddlers who are cooking food must have a currently certified ABC (2A10BC) and K fire extinguishers readily available on site.
2. All open flame cooking must be done outside of either a tent or a canopy structure.
3. A tent or a canopy used in cooking shall be flame retardant and NFPA 701 verifiable.
4. Food peddlers must provide a minimum of 10 feet between tents or canopies used in cooking.
5. No cooking shall be done within 10 feet of a combustible wall or surface.
6. No cooking is permitted under a tent where patrons assemble or are seated.
7. Flammable liquids or gasses may not be stored within 10 feet of any ignition source.
8. Generators or any internal combustion power source must be separated by a minimum of 5 feet from any tent or temporary membrane structure.

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**TESTIMONY OF READING:**

I hereby state that I have read the above rules and agree to abide by them:

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

\_\_\_\_\_  
Date

License Year: 2025

☐ Merchandise

☐ Food



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(414) 425-7500

### Transient Merchant Permit Application

#### St Martin's Fair 2025

August 31 & September 1, 2025

- |  |          |
|--|----------|
| <input type="checkbox"/> 15 Feet   | \$ 90.00 |
| <input type="checkbox"/> 30 Feet   | \$180.00 |
| <input type="checkbox"/> Additional Feet Beyond 30' (\$5/ft) - \$5.00 x _____ ft =           | \$ _____ |
| <input type="checkbox"/> Background Check Fee  | \$ 10.00 |
| <input type="checkbox"/> Late Fee ( <b>Applies after 4:00pm on Friday, August 22, 2025</b> ) | \$100.00 |

**DEADLINE TO APPLY – Friday, August 22, 2025 BY 4:00 P.M.**

Total: \$ \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(House Number & Street) (Apt/Unit #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

List Aliases, Maiden, or Previous Name(s) Used: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ (If less than a year, please list your previous address): \_\_\_\_\_

List any other state(s) you have resided, other than Wisconsin: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(if different than above) (House Number & Street) (Apt/Unit #)

\_\_\_\_\_  
(City) (State) (Zip Code)

Please list ANY arrests, convictions, and pending charges of any violation of law by any court of law (include ALL local, state, and federal); list relevant dates, details, and dispositions. If you have never been arrested or charged with a crime, please indicate not applicable (N/A).

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Vehicle used for conducting business:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ State/License Plate # \_\_\_\_\_ / \_\_\_\_\_

Type of Products or Services to be Sold (be Specific): \_\_\_\_\_

\_\_\_\_\_

**\*\*If you are selling any type of food product, you MUST speak with the Health Department and then complete and return a  
Transient & Mobile Vendor Information form\*\***

Wisconsin Seller's Permit Number: \_\_\_\_\_

Location (Name & Address) of Space Rented: \_\_\_\_\_ Franklin,  
WI 53132

I, (PRINT FULL NAME HERE) \_\_\_\_\_, AM THE PERSON NAMED IN THE PRECEDING APPLICATION. I HAVE ACCURATELY, TO THE BEST OF MY KNOWLEDGE, COMPLETED THE APPLICATION, AND UNDERSTAND THAT ANY FALSE OR OMITTED INFORMATION MAY LEAD TO DENIAL OR REVOCATION OF MY TRANSIENT MERCHANT PERMIT. ADDITIONALLY, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE APPLICATION, AND AUTHORIZE THE CITY OF FRANKLIN TO CONDUCT A BACKGROUND CHECK OF MY NAME.

APPLICANT UNDERSTANDS AND AGREES THAT THIS PERMIT IS NOT TO INSURE NOR INDEMNIFY AND SHALL NOT BE CONSTRUED AS SUCH. APPLICANT FURTHER AGREES THAT APPLICANT WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF FRANKLIN FOR ANY & ALL CLAIMS ARISING FROM THE SERVICE OR GOODS PROVIDED UNDER THIS APPLICANT OR PERMIT.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT APPLICANT APPOINTS THE MUNICIPAL CLERK OF THE CITY OF FRANKLIN "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, IN THE EVENT THAT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY " CODE OF THE CITY OF FRANKLIN §237 4.D.

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

*Office Use Only*

Required Application Materials

- ☐ Application(s)
- ☐ Permit Fees
- ☐ Copy of WI Driver's License/State ID Card
- ☐ General Permit Requirements
- ☐ WI S-240 Form



Name of Food Stand:			Contact Person:
Address:			Certified Food Manager:
City:	State:	Zip:	Phone:
Name of Event:			Email:
Dates of Event:			

## FOOD PREPARATION AND MENU

- Menu: Only food items listed below will be approved to serve. Approval for any changes must be requested at least two (2) business days before the event.
- Temperature Control: Any food found in the Danger Zone above 41°F and below 135°F will be discarded.

**No home prepared foods are allowed.**

**All foods must come from a commercial approved source or a licensed facility.**

**Any questions - Call the Franklin Health Department at (414) 425-9101**

**MENU:** Complete the table below. List all foods, beverages, and condiments that will be served.  
Use additional paper as needed.

Food Item	How purchased at store? (raw or pre-cooked)	Prepared in Booth or Approved Kitchen?	Transport item hot or cold? What type of equipment for transport?	Cold holding equipment used at event? (41°F or below)	Cooking/reheating equipment used? Final cook/reheat temperature?	Hot holding equipment used? (135°F or above)
<i>Example: Hamburger</i>	<i>Raw</i>	<i>Booth</i>	<i>Cold/ Ice Chest</i>	<i>Ice Chest</i>	<i>Grill 155°F</i>	<i>Grill/Steam Table</i>

Where will food be purchased? (Examples: Walmart, Pick 'N Save, Reinhardt, etc.)

(OVER)

I, the applicant, understand that the:

- City of Franklin field inspection report is required to operate in the City of Franklin.
- Permit to operate may be suspended or revoked if serious conditions exist.
- Inspection fees cannot be accepted by environmental health specialists in the field.
- Inspection fees are not refundable.
- Fees must be submitted 48 hours in advance to avoid the late fee.

I certify that I am familiar with the Temporary Food Service Requirements - as required in the Wisconsin Food Code and the above establishment will be operated and maintained accordingly.

APPLICANT SIGNATURE

DATE

**Are you currently licensed as a Mobile or Transient Food Vendor?**

- ☐ **Yes** – Please fill out the sections below and return this form, a copy of your current license, and payment to the City of Franklin Health Department.
- ☐ **No** – Please return this form to the City of Franklin Health Department (see address below) and **contact us at (414) 425-9101** to obtain a **Local Temporary Food License**

Location of License:	Name of Service Base:
License Type:	License Number:
Address:	

**\*An original current license must be presented and available at all events.**

<b>Inspection Fee Schedule for St. Martin's Fair</b>	
<input type="checkbox"/> Transient/Mobile Retail Not Serving Meals.....\$40	<input type="checkbox"/> Transient/Mobile Retail Serving Meals.....\$75
<input type="checkbox"/> Late Fee (less than 48hrs. Prior to event).....\$100	
<i>Not for profit organizations should discuss permitting requirements for exemption with the Environmental Health Specialist.</i>	
<i>Submit the completed application and inspection fee in the form of check or money order payable to:</i>	

City of Franklin  
Health Department  
9229 W. Loomis Rd  
Franklin, WI 53132  
(414) 425-9101

**PLEASE INCLUDE A COPY OF YOUR CURRENT LICENSE WHEN SENDING BACK THIS APPLICATION.**

In making this application, I understand this business is subject to the provisions of CHAPTER 40 of the Franklin Municipal Code. Effective January 9, 2018. The City of Franklin will be charging a \$25.00 fee for checks which are returned to us as uncollectible by our bank.

**Part C: Vendor Information**

If the vendor does not have a Wisconsin seller permit number and claims their sales are tax exempt, enter the exemption code number provided by the vendor.

1 - Exempt sales only or display only

3 - Nonprofit occasional sales exemption

2 - Multi-level marketing company pays sales tax

4 - Exempt occasional sales

Wisconsin Seller's Permit Number (15 digits starting with 456) 456--		SSN (last 4 digits)		FEIN (last 4 digits)		Exemption Code	
Legal Business Name (if not sole proprietor)				Doing Business As (DBA) Name (if applicable)			
Vendor/Contact Name (Last)			Vendor/Contact Name (First)			Vendor Phone Number	
Mailing Address				Email Address			
City		State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)			

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Mailing Address				Email Address			
City		State	Zip	Multi-Level Marketing Company (if claiming Code 2 above)			

Reproduce this page as needed to report all vendors.

Page 1 must be included with your submission.

