



New Renewal

APPLICATION

Transient Merchant Permit

Door-to-Door Sales

EACH INDIVIDUAL PERSON MUST COMPLETE SECTIONS 1-7, INCLUDE A PHOTOCOPY OF HIS/HER DRIVER'S LICENSE AND A PASSPORT-SIZED OR DIGITAL PICTURE. SIGNATURE MUST BE NOTARIZED (NOTARIES PUBLIC ARE AVAILABLE AT THE CITY CLERK'S OFFICE).

THE PRIMARY PERSON SHOULD COMPLETE SECTIONS 8-11 AS WELL.

Door-to-door Sales (Company fee) **60.00**
(____ Days X \$10 per day – maximum of \$100.00 Total _____

1. APPLICANT

Name _____
Date of Birth ____/____/____ Place of Birth _____
Height _____ Weight _____ # Hair Color _____ Eye Color _____
Drivers License Number _____ State _____ Expiration Date _____

2. PRESENT ADDRESS

City State Zip _____ Telephone Number _____
E-mail _____

If less than two years at present address, list previous address:

3. PERMANENT ADDRESS

City State Zip _____ Telephone Number _____

4. TEMPORARY BUSINESS LOCATION

Location _____
Telephone Number (including area code) _____

5. List ALL criminal convictions

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

Type of offense _____

Date _____ Place _____

6. VEHICLE USED FOR CONDUCTING BUSINESS

Year _____ Make _____ Model _____ License # _____

Method of merchandise delivery _____

7. Applicant contact for at least seven days after license expires at

Address _____

City State Zip _____ Telephone Number _____

Attach copy of identification

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.

Date _____ Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC, COUNTY OF MILWAUKEE STATE OF WISCONSIN

MY COMMISSION EXPIRES _____

8. Person, firm or corporation represented by applicant

Name _____

Address _____

City State Zip _____ Telephone Number _____

9. List three previous municipalities where business was conducted

10. Type of products or services to be sold (be specific) _____

11. Wisconsin Seller's Permit Number _____
