



PERMIT APPLICATION FOR DIRECT SELLERS

(Solicitors, Canvassers, Transient Merchants, Food Trucks)

Fee: \$10/per person per day; \$50/year for food vendors - Plus \$10/Filing/Investigative Fee

Date(s) Permit is Valid: _____ Date Rec'd: _____

License Application	Proof of Liability Insurance
Copy of Driver's License	Copy of WI DOR Sellers Permit
Current WI State Health Certificate (food/clothing vendors)	WI State Cert. from Weights/Measurers (if applicable)

APPLICANT:

Name: _____

Permanent Home Address: _____

Telephone Number: _____

DOB _____ Height _____ Weight _____ Hair _____ Eyes _____

Temporary Address: _____

(Where you can be contacted for at least 7 days after leaving the Village. Provide address/phone if different from above)

List all crimes, misdemeanors, or violations of municipal ordinances you have been convicted of within the last five (5) years and all penalties received for such violations. Include place of conviction. (use back of form if needed)

BUSINESS INFORMATION:

Business Name: _____

Business Address: _____

If business to be conducted from a temporary location list address and phone: _____

Business Phone: _____

Description of Business/merchandise/services: _____

If selling merchandise, how will it be delivered: _____

Vehicle to be used: Make _____ Model: _____ License: _____

List the three most recent cities, towns or villages where you have conducted similar business: _____

This permit follows the Village of East Troy Ordinance 440: Transient Merchants and I agree to comply with all rules and regulations set forth therein and that all statements made for this application are true.

Applicants Signature: _____ **Date:** _____

Amt. Pd.: \$ _____ (100-44900) Recd. By: _____ Date: _____ Fireworks Letter: _____

Disposition of Investigative Check: _____ Date: _____ Copy of Permit to Applicant: _____

phone: (262) 642-6255 • fax: (262) 642-6259 • voet@eastroywi.gov • <http://eastroywi.gov/>

**2015 Energy Dr.
East Troy, WI 53120**