

**CITY OF MUSKEGO
APPLICATION FOR TRANSIENT MERCHANT
NON-CHARITABLE ORGANIZATIONS**

** Application Must Be Made in Person **

\$ 12.00 Investigation Fee
200.00 Transient Merchant Fee or
10.00 Optional Daily Fee
500.00 Fireworks or
50.00 Optional Daily Fee

Amount Received _____
Date _____
Receipt # _____
Acct. #100.01.02.00.4254 (2-212)

LAST NAME FIRST MIDDLE INITIAL

PERMANENT HOME ADDRESS PHONE

LOCAL ADDRESS (from which sales will be made) PHONE

DATE OF BIRTH SELLER'S PERMIT NUMBER

PHYSICAL DESCRIPTION OF APPLICANT:

Height _____ Weight _____ Sex _____ Eye Color _____ Hair Color _____ Race _____

Identification Verified? Yes _____ No _____

NAME OF EMPLOYER _____

ADDRESS OF EMPLOYER _____

DESCRIPTION OF NATURE OF BUSINESS AND GOODS TO BE SOLD _____

DATES BUSINESS WILL BE CONDUCTED _____

HOURS BUSINESS WILL BE CONDUCTED _____

SOURCE OF SUPPLY OF THE GOODS OR PROPERTY PROPOSED TO BE SOLD OR ORDERS TAKEN FOR THE SALE THEREOF _____

PROPOSED METHOD OF DELIVERY _____

CHARACTER WITNESSES

List the names and addresses of at least two (2) property owners of Waukesha County, Wisconsin, who will certify as to the applicant's good character and business respectability or other available evidence (such as business associates in other communities) as to the good character and business responsibility of the applicant as will enable an investigator to properly evaluate such character and business as responsible.

** CONTINUED ON OTHER SIDE **

LAST MUNICIPALITY WHERE BUSINESS WAS CONDUCTED _____

VEHICLE(S) TO BE USED FOR SALES OR SOLICITATIONS

Make _____ Model _____ License # _____

State of Issuance _____ Color _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE, OTHER THAN TRAFFIC VIOLATIONS? Yes ____ No ____

IF YES, EXPLAIN (Including jurisdiction or agency) _____

I, the undersigned, understand that this application for a transient merchant stand must be approved by the Plan Commission and all applicable fees paid prior to issuance of the license.

Applicant Date _____

APPROVED BY _____ Date _____
Police Chief

cc: Fire Chief (fireworks stand only)