

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

\*\* Application Must Be Made in Person \*\*

\$ 10.00 Investigation Fee  
200.00 Transient Merchant Fee OR  
10.00 Optional Daily Fee  
500.00 Fireworks OR  
50.00 Optional Daily Fee  
(After July 1, fee is 1/2)

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 \_\_\_\_\_  
Police Chief

Date \_\_\_\_\_

cc: Fire Chief (fireworks stand only)