

TRANSIENT MERCHANT REGISTRATION

City Clerk
City of Fond du Lac
160 South Macy Street
P.O. Box 150
Fond du Lac, WI 54936-0150

Applicant's Wisconsin Sellers

Permit Number: _____

Pursuant to SS 77.61(11) Applicant must provide proof of Valid WI Seller's Permit Number

Fee: \$150.00

I hereby make an application for registration as a Transient Merchant under the provisions of s.602,
Fond du Lac Municipal Code of Ordinances.

Trade Name: _____ Phone Number: _____

Individual Designated
for Sale: Name: _____ Date of Birth: _____

Physical Description: Height ^{Last} _____ Weight ^{First} _____ Sex _____ Eye Color ^{Middle} _____ Hair Color _____ Race _____

Home Address: _____ Soc Sec No. _____

Temporary Address: _____

Address of Sales in Fond du Lac _____ Fond du Lac, WI

Date Range of Sales in Fond du Lac _____

Nature of Business: _____

Address of Business: _____

Brief Description of Merchandise/Service: _____

Proposed Method of Delivery: _____

Vehicle Make, Model & License Number: _____

3 Most Recent Cities _____

Villages or Townships: _____

Has the applicant been convicted of any violation of a State or Federal law or any local ordinance in the State of Wisconsin?
(List dates and locations of any violation):

Has the applicant been subject to any investigation into practices related to applicant's transient merchant business or business plan that
would be in violation of any State or Federal law or any local ordinance in the State of Wisconsin?
(List dates and locations of any violation):

It is expressly understood and agreed that upon granting registration the applicant and/or sales agent appoint the City Clerk to accept service
of process in any action brought against the applicant in connection with the direct sales activities by the applicant, in the event the applicant
cannot, after reasonable effort, be served personally. The license shall be valid for one year from date of entry, subject of approval.

Subscribed and sworn to before me
this _____ day of _____, 2_____. _____ Individual

(Clerk/Notary Public)

Term expires: _____

Filing Information: Receipt No.: _____ Date: _____

License No.: _____ Date Issued: _____

REGISTRATION

The applicant is hereby granted registration as a transient merchant in the City of Fond du Lac from this date to _____, 2_____.

Dated this _____ day of _____, 2_____.

MAGGIEHEFTER

City Clerk, Fond du Lac, Wisconsin

City Clerk's Office ~ P.O. Box 150 ~ 160 S. Macy St. ~ Fond du Lac, WI 54935

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Transient Merchant License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provide to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Transient Merchant License

I hereby recommend that the application be:

_____ Granted a license

_____ Denied a license

Comments _____

