



TRANSIENT MERCHANT APPLICATION

Village of Cross Plains • Cross Plains, WI 53528 • (608) 798-3241

Required Information:

- Completed Application
- Copy of Driver's License
- Payment (\$25.00)

Per Village of Cross Plains Code of Ordinance 44.02: A Transient Merchant is any individual who engages in the retail sale of merchandise at any place in this Village temporarily, including selling door to door at residences and businesses, and who does not intend to become and does not become a permanent merchant of such place.

APPLICANT INFORMATION

Name: _____

First M.I. Last

Date of Birth: _____ Social Security Number: _____

Applicant's Current Address: _____

Applicant's Email Address: _____

Phone No. where applicant can be reached during and after leaving Cross Plains: _____

Driver's License No. _____ State: _____ Exp. Date: _____

Height: _____ Weight: _____ Color of Hair: _____ Color of Eyes: _____

Description of vehicle used by Applicant: _____

Make Model Color

License Plate No.: _____

Have you been convicted of any crime or ordinance violation related to transient merchant activity within the last 5 years? YES NO If yes, please list all occurrences. Attach additional pages if necessary.

Nature of Offense: _____ Place of Conviction: _____

COMPANY / EMPLOYER INFORMATION

Company you will be selling for: _____

Company address: _____

Company phone: _____

For the purpose of selling/soliciting: _____

For a period of _____ to _____ ONLY during daylight hours.

Last Three (3) Municipalities Where Applicant Conducted Business: _____

I, _____, hereby appoint the Village Clerk or his/her agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with the direct sales activities of me, in the event I cannot, after reasonable effort, be served personally. Per Village Ordinance 44.04 (c)(1).

I do solemnly affirm that all information hereon contained is true and correct.

APPLICANT SIGNATURE: _____ **DATE:** _____

BOTTOM PORTION FOR ADMINISTRATIVE USE

Chief of Police Approval: Recommended Not Recommended

Reason for Denial, If Not Recommended: _____

Chief of Police (or designee) signature: _____ Date: _____

Date approved by Village Clerk: _____ Date Issued: _____