



819 SUPERIOR AVE  
TOMAH, WI 54660  
608-374-7420

## FARMERS MARKET PERMIT APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

PREVIOUS NAME(S) USED (if applicable): \_\_\_\_\_

DL NUMBER: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME/CELL: \_\_\_\_\_ WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WISCONSIN SELLER'S PERMIT NUMBER: \_\_\_\_\_

FEIN: \_\_\_\_\_ EXEMPTION CODE (if applicable): \_\_\_\_\_

LEGAL BUSINESS NAME: \_\_\_\_\_

MAKE/MODEL/LICENSE PLATE of any vehicle to be used by applicant in conduct of business:

\_\_\_\_\_

Goods offered for sale or services offered: \_\_\_\_\_

\_\_\_\_\_

Are your goods/services taxable? If not, please explain how your goods/services are not taxable.

\_\_\_\_\_

List all other persons authorized to operate the booth in your absence, please include name, address, and date of birth: \_\_\_\_\_

\_\_\_\_\_

**Please answer the following questions regarding offenses which substantially relate to the circumstances of the licensed activity:**

1. Have you been convicted of any crime or ordinance violation related to transient merchant business?

YES:  NO:

2. Have you been convicted of any crime or ordinance violation related to a farmers' market?

YES:  NO:

