CITY OF TOMAH <u>DIRECT SELLER'S & TRANSIENT MERCHANDISE REGISTRATION (\$30)</u>

WITH THE REGISTRATION FORM, APPLICANTS SHALL PRESENT A DRIVER'S LICENSE OR SOME OTHER PROOF OF IDENTITY AS MAY BE REASONABLY REQUIRED.

Driver's License No	D.:	State	State Issued: Exp.:	
Last Name:		Frist Name:		MI:
Address:		City		
	Street	City	State	Zip Code
Date of Birth:		Social Security No.:		
Telephone #(s):		Email:		
Make, model, licen	se number and S	State of any vehicle(s) to be us	ed by applicant ir	n the conduct of
his/her business:				
Name of person, fir	m, association o	or corporation represented:		
Name/Bu	usiness:			
Address:				
Temporary address	s or location(s) a	nd telephone number from whi	ch business will t	pe conducted,
if any:				
Describe the busine	ess to be conduc	cted with a brief description of t	he goods offered	l for sale and
any services offere	d:			
Names of last three	e cities, villages,	or towns where applicant cond	lucted similar bus	siness
(if applicable):	1			
	2			
	3			
Proposed method	of delivery of goo	ods (if applicable):		

Have you been convicted of any co	rime or ordinance violation rela	ted to transient merchant	business		
direct sales or farmers market with	in the last 5 years?	YES: □ NO: □			
*If answer is YES, list the na	ature of the offense and the pla	ace of conviction:			
	READ BEFORE SIGNING:				
Pursuant to City Ordinance, it shal transient merchant to engage in th registered for that purpose.					
Applications must be furnished to t All registrations shall be valid for o		to the issuance of the reg	jistration.		
IF SCALES ARE USED: The City the last year from any registered a when applicant's business requires	nd independent weights and n	leasures testing firm or co			
Under penalty provided by law, the truthfully answered to the best of the	• •	he above questions have	been		
Signer agrees to operate within the	e City of Tomah according to c	rdinances of said City.			
Failure to abide by these rules and	d regulations will be grounds fo	r revocation.			
	0: 1	6.0			
	Signature	of Applicant			
	-				
	Date of Ap	plication			
OFFICE USE ONLY					
Receipt #:	Amount Paid \$:	Date:			
Application processed by:					
Approved by Police Chief:		Date:			
Issue Date:	Expire Date:	Expire Date:			
Approved by City Clerk:		Date:			