## CITY OF TOMAH APPLICATION FOR A <u>FARMERS MARKET PERMIT</u> (\$25)

## PLEASE PRINT AND ANSWER ALL QUESTIONS COMPLETELY ON BOTH SIDES OF THIS FORM. SEE ATTACHED RULES, REGULATIONS, AND CITY ORDINANCE.

Driver's License No.:		State	Issued:	Exp.:	
Last Name:	F	First Name:		M.I.:	
Address: Street					
Street	C	city S	tate	Zip Code	
Date of Birth:	Telephone #(s)	<u> </u>			
Social Security No.:	Email	:			
Wisconsin Seller's Permit N	umber:		<del> </del>		
FEIN (last 4 digits):	Ex	emption Code (	(if applicable): <sub>-</sub>		
Legal Business Name (if not	sole proprietor):				
Doing Business As (DBA) N	ame (if applicable):				
Make, model, license numbe				t in the conduct of	
Goods offered for sale or se	rvices offered:				
Are your goods/services tax goods/services are not taxal	`	)? Yes No	If no, please	explain how your	
List all other persons author	ized to operate the bo	oth in your abse	ence:		
Name:	Address:		<u>City/State:</u>	Date of Birth	

Have you been convicted of any cridirect sales or farmers market within		YES:	NO: □		
If answer is YES, list the nature of t	the offense and the plac	e of conviction:_			
	READ BEFORE SIG	NING:			
Pursuant to City Ordinance, it shall merchandise or goods within the C	_	0 0			
Applications must be furnished to the All registrations shall be valid for or		s prior to the issu	ance of the registratior		
Under penalty provided by law, the truthfully answered to the best of th	• •		questions have been		
Signer agrees to operate within the	City of Tomah according	ng to ordinances o	of said City.		
Failure to abide by these rules and	regulations will be grou	nds for revocation	n.		
	Sign	Signature of Applicant			
	Date	e of Application			
OFFICE USE ONLY					
Receipt #:	Amount Paid \$	}·	e·		
Application processed by:					
Approved by Police Chief:					
		Expire Date:			
Permit Distributed by:			e:		