

# Transient Merchant **BUSINESS** License Application

City of Wisconsin Rapids  
444 West Grand Avenue  
Wisconsin Rapids WI 54495-2780  
Phone: (715) 421-8200 FAX: (715) 421-8280

License Fee \_\_\_\_\_ Receipt # \_\_\_\_\_  
Date \_\_\_\_\_  
Cash Bond \_\_\_\_\_  
Cash Bond Receipt # \_\_\_\_\_  
Date Bond Refunded \_\_\_\_\_  
FOR OFFICE USE ONLY

Businesses where the owner and employee/representative are the same person may submit one application under the business rate. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee. Check the appropriate boxes below to denote time frame and fee. Businesses must apply no less than 30 days before planned selling activity. Employees/representatives must apply no less than 72 hours before planned selling activity.

|              |               |                |                 |                 |                  |
|--------------|---------------|----------------|-----------------|-----------------|------------------|
| 2-day @ \$50 | 4-day @ \$100 | 1 week @ \$150 | 1 month @ \$175 | 6-month @ \$250 | 12-month @ \$500 |
|--------------|---------------|----------------|-----------------|-----------------|------------------|

Date of Application \_\_\_\_\_

Date Licensing Period Begins \_\_\_\_\_

## BUSINESS INFORMATION

Business Name \_\_\_\_\_ Ownership Type \_\_\_\_\_

Business Address \_\_\_\_\_

Wisconsin Seller's Permit # \_\_\_\_\_ Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Local address and telephone number from which business will be conducted (Submit statement from property owner giving permission to conduct business.) \_\_\_\_\_

Owner/On-site Contact Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner/On-site Contact Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Nature of business to be conducted and a brief description of goods offered, and any service offered \_\_\_\_\_

Proposed method of delivery of goods, if applicable \_\_\_\_\_

## BOND

Dollar Value of Most Expensive Item Being Sold \_\_\_\_\_ Name of Item \_\_\_\_\_

Check Bond Type: ☐ Cash ☐ Surety Amount \_\_\_\_\_ Surety Policy Period \_\_\_\_\_

Price of Most Expensive Goods \_\_\_\_\_ Cash/Surety Bond Required \_\_\_\_\_

Less than \$1 ..... \$1,000  
\$1 to \$49.99 ..... \$2,500  
\$50 to \$99.99 ..... \$5,000  
\$100 to \$249.99 ..... \$7,500  
\$250 or More ..... \$10,000

Cash bonds are refundable after 60 days from the license expiration date, if the city clerk has received no notice of complaints or received assurance from a complainant that the claim has been satisfied, whichever occurs last. Surety bonds will be kept on file until expiration date.

I, hereby appoint the City Clerk as my agent to accept service of process in any civil action brought against the applicant arising out of any act by said applicant in connection with the direct sales activities, in the event I cannot, after reasonable effort, be served.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public / My Commission Expires \_\_\_\_\_

Make/Year/Plate Number of Vehicle(s) To Be Used \_\_\_\_\_

Names of the last three (3) cities, villages, or towns where applicant conducted a similar activity just prior to making this registration:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Place where applicant can be personally contacted for at least seven (60) days after leaving Wisconsin Rapids:

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Criminal record related to transient merchant business ☐ Yes ☐ No (If yes, give nature of offense and location) \_\_\_\_\_

## APPLICANT'S STATEMENT

I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

Application referred to Wisconsin Rapids Police Department on \_\_\_\_\_  
It is the recommendation of the undersigned that:

- \_\_\_\_\_ The application be APPROVED and the license be issued.  
\_\_\_\_\_ The application be APPROVED and the license issued subject to the FOLLOWING CONDITIONS and/or REGULATIONS:

\_\_\_\_\_

- \_\_\_\_\_ The application be DENIED for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Title \_\_\_\_\_