

VILLAGE OF PALMYRA DIRECT SELLERS PERMIT REGISTRATION FORM

Municipal Code 12.06

100 W. Taft St., P.O. Box 380 Palmyra, WI. 53156

Phone: 262-495-8316 - Fax 262-495-8775

Applicant Information:

Business Information:

Name: _____

Name: _____

Address: _____

Permanent Address: _____

Phone: _____

Temp. Address (if any): _____

Date of Birth: _____

Phone: _____

Age: _____ Height: _____ Color of Hair _____ Eyes _____

Federal ID#: _____

State Sellers #: _____

Last 2 Places where you conducted business: _____

State Health Certif. if selling food or clothing: _____

Nature of business & description of goods/services offered: _____

License Period (dates): From _____ To: _____

Where is business to be carried on (residential/commercial): _____

Method of delivery of goods: _____

Vehicle to be used by applicant:

Make: _____

Model: _____

Year: _____

License No. _____

State: _____

Exp. date: _____

DL #: _____

State: _____

Exp. date: _____

I attest that I have not been convicted of any crime or ordinance violation related to the transient merchant business within the last five (5) years. If Yes please state where and what the violation was. _____

Signature: _____

Date: _____

\$7.00 Non-Refundable Investigation Fee per person-Allow Max. of 72 hours for Investigation

\$50.00 Direct Seller's Fee

Make check payable to the Village of Palmyra

Cash or Check # _____

License # Issued: _____

Result of Investigation: I hereby APPROVE/DISAPPROVE the issuance of a license to this applicant.

Police Dept. Signature: _____

Date: _____

Remarks: _____

NOTE: Hours of Sale are allowed from 8 a.m. to 7 p.m. ONLY!