Clerk-Treasurer's Office
700 Edison Street, Antigo, WI 54409
(715) 623-3633 x-100/113
ssmith@antigo-city.org

TRANSIENT MERCHANT (DIRECT SELLER) PERMIT APPLICATION

All permits expire on December 31

APPLICATION INFORMATION

Application Date	**$25.00 Primary Applicant** **$5.00 Per Assistant _____** **$7.00 CIB (background check) Fee Per Person _____**		
First Name	**M.I.**	**Last Name**	
Mailing Address			
City	**State**	**Zip Code**	
Phone Number	**Date of Birth**		
Height	**Weight**	**Hair Color**	**Eye Color**

**Must include copy of the driver's license for the primary applicant and all assistants.*

TEMPORARY ADDRESS	
REPRESENTING (Organization or Company Name)	
Organization or Company Contact	**Phone Number**
Date and Place of Organization	**Wisconsin Seller's Permit Number**
Organization or Company Address	

OFFICERS & DIRECTORS	**NAME**	**ADDRESS**
President		
Vice President		
Secretary		
Treasurer		
Directors/Members		
Directors/Members		
Directors/Members		

Nature of Business & Description of Goods
Business to be conducted from
Method of Delivery

DESCRIPTION OF VEHICLE(S) TO BE USED *(by the applicant or assistants in the conduct of their business)*

Year	**Make/Model**	**License Number**	**State**
Year	**Make/Model**	**License Number**	**State**
Names of the Last 3 Municipalities where applicant conducted a similar activity just prior to the City of Antigo			
1.	**2.**	**3.**	

NAMES AND PHONE NUMBERS OF APPLICANT AND ALL ASSISTANTS

Applicant contact (for at least 7 days) after leaving the City of Antigo	
Name	**Phone Number**
Name	**Phone Number**
Name	**Phone Number**

APPLICANT STATEMENTS

Are you a citizen of the United States?	**Are you a resident of Wisconsin?**
Have you been a resident of Wisconsin continuously for one year prior to the date of this application?	
Have you been convicted of violating any crime or ordinance violation related to Applicant's Business During the Last Five (5) Years? Yes ☐ No ☐ If you answered YES, complete the questions below. If more space is needed, use back of form.	
Date of Conviction(s)	**Name of Court**
Nature of Violation and place of Conviction	

Please indicate **YES** or **NO** as to whether your business requires this information.
Applicant shall provide the following information for examination (copy must be attached to the application):

NO _____(1) A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities.

NO _____(2) A state health officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under state law; such that certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application for license is made.

NO _____(3) A copy of the Wisconsin seller's permit.

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

_____

Signature of Applicant

Note: All information must be completed in order for the application to be considered.

CITY OF ANTIGO OFFICE USE ONLY:	**Date Filed:**	
Police Chief: **Approved Denied** _____ **Date: Initial**	**Clerk's Office:** **Approved Denied** _____ **Date: Initial**	
License Number	**Date Effective**	
Clerk/Deputy Clerk Signature		**Date**