

TRANSIENT MERCHANT PERMIT APPLICATION

Village of Cambridge, Wisconsin

200 Spring Street, P.O. Box 99 53523 (608) 423-3712

NAME		TELEPHONE	
PERMANENT ADDRESS		CITY/STATE/ZIP	
TEMPORARY ADDRESS		CITY/STATE/ZIP	
PHYSICAL DESCRIPTION			
AGE	WEIGHT	HEIGHT	HAIR/EYES
		DOB	
BUSINESS			
EMPLOYER NAME		EMPLOYER ADDRESS	
TEMPORARY BUSINESS			
TELEPHONE		ADDRESS	
NATURE OF BUSINESS			
GOODS OFFERED			
METHOD OF DELIVERY			
VEHICLE MAKE/MODEL		LICENSE #	
		DRIVERS LIC#	
HISTORY			
List municipalities where you conducted similar business prior to making this application		1.	
		2.	
		3.	
Have you ever been convicted of any crime or ordinance violation with regard to your transient merchant business within the last five years?		<input type="checkbox"/> NO <input type="checkbox"/> YES	
If yes, nature of offense			
Place of conviction			
DAILY FEE: \$5	YEARLY FEE: \$50	APPLICATION FEE: \$10 <i>nonrefundable</i>	<input type="checkbox"/> PAID
The applicant agrees to abide by Village of Cambridge ordinances. You may be required to furnish: State Health Officer's Certificate and/or Certificate of Examination and Approval of Weights and Measures.			
SIGNATURE		DATE	
Officer _____ of the Cambridge Police Department conducted a background check on _____, 20____. <input type="checkbox"/> no record <input type="checkbox"/> records attached			
Valid Dates		Approved By	
		Date	
<i>Any other individual selling in your place or with you is a violation of this permit. If a violation of this permit does occur, your permit to sell in our Village could be revoked by the Cambridge Village Board.</i>			

