



**APPLICATION FOR TRANSIENT VENDOR
MERCHANTS AND DOOR-TO-DOOR
SALES SOLICITORS**

License valid Dates: _____

SECTION 1 – BUSINESS INFORMATION

Business Name		Owner or Manager Name	
Business Address		City	State & ZIP
Owner or Business Contact Name <i>if different from above</i>		Business Phone Number	
Has the business applied for a permit in the City of Ashland before?		If yes, what year?	
List the last 2 communities this business had employees working:			

SECTION 2 – CIRCLE ONE APPLICANT OR ASSISTANT INFORMATION. Use a separate form for each employee. NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)					Maiden Name / AKA			
Permanent Address					City		State & ZIP	
Temporary Address								
Driver's License Number			State that issued license			Date of Birth	Age	
Height	Weight	Eyes	Hair	Sex	Home Phone		Cell Phone	
List the last 2 communities you've held a permit in:								
List any crime or ordinance violations you've had in the last 5 years. <i>Additional listed on back.</i> <input type="checkbox"/>					Status (Pending/Guilty/Dismissed)		Location & Date/Year	

SECTION 3 – DESCRIPTION OF MERCHANDISE OR SERVICES

Type of merchandise or Services		
Method of Delivery		City
		State & ZIP
Type of Merchandise or Service		Business Phone Number
Has the business applied for a permit in the City of Ashland before?		If yes, what year?
List the last 2 communities this business had employees working:		

SECTION 4 – VEHICLE IDENTIFICATION

Make, Model, Color of Each Vehicle	VIN #	Plate No & State
AUTO INSURANCE INFORMATION		
Insurance Company & Phone Number	Policy Number	

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the City of Ashland, County of Ashland, Wisconsin, for a "Transient Merchants, Solicitor, and Door-to-Door Sales Permit".

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

Applicant's Signature

Date

BACKGROUND CHECK:

APD recommends: Approval - Denial Reason _____

Clerk / designee signature: _____ Date: _____ Lic #: _____

FEES APPLIED: per the Ashland City Ordinances Ch. 165

One-day Permit \$ 50.00
 7 days / Week \$ 200.00
 30 Days / Month \$ 500.00

TOTAL DUE: \$ _____

DATE PAID: \$ _____

RECEIPT # _____

Use a separate form for each employee.

CIRCLE ONE APPLICANT OR ASSISTANT INFORMATION.

NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)					Maiden Name / AKA		
Permanent Address				City		State & ZIP	
Temporary Address							
Driver's License Number			State that issued license			Date of Birth	Age
Height	Weight	Eyes	Hair	Sex	Home Phone		Cell Phone
List the last 2 communities you've held a similar permit in:							
List any crime or ordinance violations you've had in the last 5 years. <i>Additional listed on back.</i> <input type="checkbox"/>				Status (Pending/Guilty/Dismissed)		Location & Date/Year	

Continued if applicable - Additional crime or ordinance violations in the last 5 years.		Status (Pending, Guilty, Dismissed)	Location & Date/Year