

ALL APPLICATIONS TAKE ONE WEEK TO PROCESS.  
THERE ARE NO EXCEPTIONS!



317 S. MAIN ST.  
JEFFERSON, WISCONSIN 53549  
674-7700



# LICENSE APPLICATION

*Peddlers, Canvassers and Transient Merchants*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First, Middle Initial, Last)

Permanent Address: \_\_\_\_\_  
(Street, City, State & Zip)

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Temporary Address: \_\_\_\_\_  
(Street, City, State & Zip)

Vehicle: \_\_\_\_\_  
(Make) (Model) (License Plate #)

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Race: \_\_\_\_\_

Sex:  Male  Female Social Security Number: \_\_\_\_\_

.....  
*Person, Firm, Association or Corporation that you are representing or are employed by, or whose merchandise is being sold.*

Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

.....  
*Temporary address and telephone number from which business will be conducted: (if applicable)*

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

.....  
Nature of business to be conducted: \_\_\_\_\_

Description of merchandise or service offered: \_\_\_\_\_

How will merchandise be delivered: \_\_\_\_\_

.....  
List the three most recent cities, villages, or towns where you have last conducted business:

.....  
Address and phone number at which you can be reached at for, at least seven days after you have left the City:

Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

.....  
List any convictions for statute or ordinance violations; both civil and criminal within the last five (5) years except non-moving vehicle violations.

<u>Date of Offense</u>	<u>Location</u>	<u>Court</u>	<u>Nature</u>	<u>Disposition</u>
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Period for which license is sought: From \_\_\_\_\_ to \_\_\_\_\_  
*(may be for up to one year)*

The above information is true and complete to the best of my knowledge.

Date: \_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Notary Public, State of Wisconsin

My Commission expires \_\_\_\_\_

\$50.00 fee paid     Photocopy of Photo Identification

**Staff:** After submission of application, a background check must be completed in-office and application approval must be received from the Police Department.