



**CITY OF AMERY, WISCONSIN**  
**APPLICATION FOR TRANSIENT MERCHANT**

**\*\*APPLICATION MUST BE MADE IN PERSON\*\***

\$10.00 Investigation Fee  
\$20.00 Two-Week Permit  
\$100.00 90-Day Permit

Amount Received: \_\_\_\_\_  
Date: \_\_\_\_\_  
Permit: \_\_\_\_\_

- 1) Name of Applicant: \_\_\_\_\_
- 2) Applicant's Address: \_\_\_\_\_
- 3) Applicant's Telephone Number: \_\_\_\_\_
- 4) Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_ Hair Color: \_\_\_\_\_
- 5) Business Name & Address of Product Being Sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Business Phone: \_\_\_\_\_ Fax : \_\_\_\_\_ Email: \_\_\_\_\_
- 7) Nature of Business Description of Goods or Services Offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8) License Number of Vehicle: \_\_\_\_\_ State: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_
- 9) Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_
- 10) State Health Officers Certificate-Where Handling Food or Clothing (Note Must Provide a Copy with Application): \_\_\_\_\_
- 11) Have you been convicted of any crime or ordinance violation related to your transient merchant business within the last five (5) years?  Yes  No If so, what was the nature of the offense and place of conviction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Dates Business Will Be Conducted: \_\_\_\_\_
- 13) Last Municipality where business was conducted: \_\_\_\_\_

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I (We), the undersigned, do hereby make application to the City of Amery, Wisconsin for a TRANSIENT MERCHANT PERMIT as requested above. I understand that it must be approved by the City Administrator and the Police Chief pending Criminal Background Investigation. By signing this application I understand that my statements are true and that providing false information will result in denial of a permit.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***FOR CITY OF AMERY USE ONLY DO NOT WRITE BELOW THIS LINE***

\*\*\*\*\*

Your application for a TRANSIENT MERCHANT PERMIT is **APPROVED**.

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date

\*\*\*\*\*

Your application for a TRANSIENT MERCHANT PERMIT is **DENIED**. The reason for denying your permit application is the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Police Chief

\_\_\_\_\_  
Date