



# City of Amery

104 Maple St W, Suite A  
 Amery, WI 54001  
 Phone: (715) 268-7486

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

## TRANSIENT MERCHANT APPLICATION – \$10 Investigation fee and \$20 weekly or \$100 for 90 days

Applicants Name:		Applicant Address:	
Applicants Phone Number:		Applicants Email:	
DOB:	Age:	Sex:	Eye Color:
Height:	Hair Color:	Previous Names:	
Business Name and Address:		Product Being Sold or Service Being Offered:	
Business Phone:		Business Email:	
License Number of Vehicle:		State of License:	
Make of Vehicle:		Model of Vehicle:	
Driver's License #:		State Issued:	
Have you been convicted of any crime or ordinance violation related to your transient merchant business within the last five (5) years? If so, what was the nature of the offense and place of conviction:			
State Health Officers Certificate – Where Handling Food or Clothing (Note Must Provide a Copy with Application:			
Dates Business Will Be Conducted:			
Last Municipality where business was conducted:			

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.

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Applicant's Signature Date

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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**.

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City Administrator Date

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Police Chief Date

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

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City Administrator Date

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Police Chief Date