Fee: $25.00

City of Medford
Transient Merchant Application

All necessary forms must be submitted with the application prior to the required Police Department investigation. **All applicants are subject to a three-day waiting period.**

Section A Personnel Information

Name:_____
First Middle Last

Permanent Address: _____
Street/Box Number City State Zip

Phone #: Primary - (___)_____ Secondary – (_____)_____

Date of Birth: _____ Driver's License/Identification #/State: _____

Temporary Address: _____
Street/Box Number City State Zip

Phone #: Primary - (___)_____ Secondary – (_____)_____

Information on where applicant can be contacted for at least 7 days after leaving the City of Medford (address and phone #):

_____

_____

If applicable, list the State(s) you have resided within the last 10 years:

1. _____
2. _____
3. _____

Section B Business Information

Name of Employer: _____

Address of Employer: _____

Business Phone Number: (_____)_____

The named is: ☐Individual ☐Partnership ☐Limited Liability Company ☐Corporation

If corporation: Date of Incorporation: _____ State of Incorporation: _____

Section C Business Activities

Description of service or merchandise to be sold: _____

_____

_____

Date(s) business to be conducted: _____

Hours business will be conducted: _____

Location of business, if applicable: _____

Delivery method, if applicable: _____

Section D Vehicle(s) Description

Make	Model	Year	Color	Plate #	State

Section E Sale Person(s), if different than the individual named in Section A.

Name	Address	Date of Birth	Driver's License	State

Section F References

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

1. _____

2. _____

3. _____

Section 6 Background

Have you ever been convicted off any crime, misdemeanor, or violation of any state or municipal law within the last 5 years? ☐ Yes ☐ No

Section 6 Background Continued

If yes, please complete the following:

Convictions

Statute #/Local Ordinance #: _____
Date: _____ Charge: _____
Where Convicted (Municipality/State): _____
Penalty: _____ ☐ Ordinance ☐ Misdemeanor ☐ Felony

Statute #/Local Ordinance #: _____
Date: _____ Charge: _____
Where Convicted (Municipality/State): _____
Penalty: _____ ☐ Ordinance ☐ Misdemeanor ☐ Felony

Statute #/Local Ordinance #: _____
Date: _____ Charge: _____
Where Convicted (Municipality/State): _____
Penalty: _____ ☐ Ordinance ☐ Misdemeanor ☐ Felony

Pending Charges

Statute #/Local Ordinance #: _____
Date: _____ Pending Charge: _____

Section 7 Required Documentation

The following information must be included at the time of application:

☐ Copy of driver's license or state identification card.

☐ Copy of current Wisconsin Seller's permit.

☐ Copy of state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities.

☐ Copy of a state health officer's certificate where applicant's business involves the handling of food or clothing, and is required to be certified under state law; such certificate to state that the applicant is apparently free from any contagious or infectious diseases, dated not more than 90 days prior to the date the application license is made

Read Carefully Before Signing – I hereby certify that answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application as may be necessary in arriving at a decision. I understand that false or misleading information given in my application may result in revocation of my transient merchant permit. I understand that I am required to abide by all rules and regulations of the City.

I hereby appoint the Clerk of the City of Medford as my agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities/business, in the event I cannot, after reasonable effort, be served personally.

_____ _____

Signature of Applicant Date

Date Filed: _____ Registration Fee Paid: _____

Approved: _____ _____

City Clerk Date Police Date

8/09