



CITY OF SOUTH MILWAUKEE
2424 15TH AVENUE
SOUTH MILWAUKEE, WI 53172
TEL: 414-762-2222

OFFICE USE ONLY
DATE RECEIVED: _____
DATE TO PD: _____
DATE TO CC: _____

TRANSIENT MERCHANT LICENSE APPLICATION - \$100

PLEASE PROVIDE THE CITY OF SOUTH MILWAUKEE WITH TWO PASSPORT STYLE PHOTOS

APPLICANT'S FULL NAME: _____

OTHER NAMES KNOWN BY AND/OR MAIDEN AND PREVIOUS MARRIED NAMES: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESS(S) FOR PREVIOUS 2 YEARS: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SSN: _____ DRIVERS LICENSE NO: _____

NAME OF PERSON, FIRM, ASSOCIATION OR CORPORATION WHOSE MERCHANDISE AND/OR SERVICE IS BEING SOLD: _____

ADDRESS & TELEPHONE NUMBER OF PERSON, FIRM, ASSOCIATION OR CORPORATION WHOSE MERCHANDISE AND/OR SERVICE IS BEING SOLD: _____

TEMPORARY ADDRESS & TELEPHONE NUMBER FROM WHICH BUSINESS WILL BE CONDUCTED, IF ANY: _____

WISCONSIN SELLER'S PERMIT: _____ FED ID NUMBER: _____

NATURE OF BUSINESS CONDUCTED - PRODUCT/SERVICE BEING SOLD: _____

PROPOSED METHOD OF DELIVERY OF MERCHANDISE/SERVICE: _____

VEHICLE(S) TO BE USED IN CONDUCT OF BUSINESS: _____

YEAR

MAKE/MODEL

PLATE #

MOST RECENT CITIES, TOWNS, VILLAGES (NOT TO EXCEED 3) WHERE YOU CONDUCTED BUSINESS: _____

PLACE WHERE YOU CAN BE CONTACTED FOR AT LEAST 7 DAYS AFTER LEAVING SOUTH MILWAUKEE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO TRANSIENT MERCHANT BUSINESS WITHIN THE LAST FIVE YEARS? NO _____ YES _____

IF YES, PLEASE LIST NATURE OF THE OFFENSE AND PLACE OF CONVICTION: _____

ARE THERE ANY CHARGES PENDING AGAINST YOU? NO _____ YES _____

IF SO, WHAT AND WHERE ARE THEY? _____

READ CAREFULLY BEFORE SIGNING - I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE STATEMENTS CAN BE CAUSE FOR DENIAL OF THE LICENSE THAT I AM APPLYING FOR.

SIGNATURE OF APPLICANT: _____ ID SHOWN: _____

SOUTH MILWAUKEE POLICE DEPARTMENT

DATE:

TO: CITY CLERK'S OFFICE

FROM: CHIEF OF POLICE

SUBJECT: APPLICATION FOR TRANSIENT MERCHANT LICENSE

An application for a TRANSIENT MERCHANT LICENSE has been received from:

DOB _____ . (Applicant's Name) _____

A review of Police Reports/Records has been conducted by the South Milwaukee Police Department.

The South Milwaukee Police Department recommends as follows:

APPROVAL _____
REVIEW _____
DENIAL _____

COMMENTS: _____

RECORDS SEARCHED BY: _____

T.A.G.G. SUPERVISOR _____

CHIEF OF POLICE _____

TTY _____
IQ/FQ _____
MAJIS _____
COMPCHECK _____
ENTERED _____

IF FOOD PRODUCTS ARE TO BE SOLD BY MERCHANT - HEALTH INSPECTION REQUIRED:

HEALTH INSPECTION:

APPROVED _____
DENIED _____

DATE _____