

CITY OF PRAIRIE DU CHIEN
APPLICATION FOR PEDDLERS, CANVASSERS, AND
TRANSIENT MERCHANTS LICENSE

NON REFUNDABLE APPLICATION FEE OF \$35.00 PER APPLICANT,
(Application for each seller)

Date _____ Method of Selling: Door-to-Door Yes No

Items(s) For Sale _____ Location of Sales _____

Proposed Dates of Sale From: _____ To: _____

Name of Applicant: _____
FIRST MIDDLE LAST

Permanent Address _____
STREET CITY/STATE ZIP CODE

Phone Number _____ Place of Birth _____

Driver's License/I.D. _____ Date of Birth _____

Height/Weight _____ Eye Color/Hair Color _____

Temporary (Local) Address _____
STREET CITY/STATE ZIP CODE

Temporary (Local) Phone Number _____

Name/Address/Telephone Number of
Business that applicant represents: _____

Vehicle Make/Model/License Plate No.
to be used in the conduct of business: _____
MAKE MODEL LICENSE PLATE #

Source of supply of the goods
or property proposed to be sold: _____

Proposed method of delivery of
merchandise (if applicable): _____

Most recent cities/villages/towns
where applicant has conducted
prior business: _____
ADDRESS CITY/STATE
ADDRESS CITY/STATE
ADDRESS CITY/STATE

Where can applicant be contacted within at least 6 months after leaving the City of Prairie du Chien? (Address) _____
(Phone no.) _____

Have you been convicted of any of the following:

A FELONY WITHIN THE LAST TEN (10) YEARS? YES NO

WITHIN THE LAST FIVE (5) YEARS OF:

a misdemeanor? YES NO
a statutory violation punishable by forfeiture? YES NO
a county or municipal ordinance violation? YES NO

For each "YES" response provide the date of arrest, the nature of the offense and conviction information: _____

Applicant understands and hereby agrees to abide by the rules and regulations as set forth by the City of Prairie du Chien Common Council as described in Section 12, of the City of Prairie du Chien Municipal Code.

Issuance of License 72 hours (3 days) after application has been completed.

Permit issuance pending City of Prairie du Chien Police Chief and City Administrator approval of this permit application.

READ CAREFULLY BEFORE SIGNING: I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application or for any violation of Wis. Stats. §134.71, 943.34, 948.62 or 948.63.

Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge. I agree to inform the clerk within ten (10) days of any change in the information supplied in this application

Signature of Applicant Today's Date

FOR ADMINISTRATIVE USE ONLY:

Police Chief Recommendation: APPROVE or DENY

Police Chief Signature: _____ Date _____

City Administrator Recommendation: APPROVE or DENY

City Administrator Signature: _____ Date _____

Total Fees Paid: _____ Check # _____ Receipt # _____

Date _____ Initials _____