

STATE OF WISCONSIN

Milwaukee and Ozaukee County }

Village of Bayside } ss

Permit Fee Paid \$ _____	Receipt # _____
Date Issued _____	Permit # _____
<input type="checkbox"/> Bond Required	<input type="checkbox"/> Picture Submitted
Name & Address _____	
Of Bonding Co. _____	
and Agent: _____	
Expiration Date: _____	Date Revoked: _____

### APPLICATION FOR TRANSIENT MERCHANT PERMIT

Name of Applicant: \_\_\_\_\_

Applicant is (*check one*):  Individual  Partnership  Corporation  S.C.  L.L.C.  
 L.L.P.  Other (*describe*) \_\_\_\_\_

Present Business Address: \_\_\_\_\_

Previous address, if you have resided at the above address for less than two years: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

FEIN: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Supervisor's Telephone Number: \_\_\_\_\_

Nature of business: \_\_\_\_\_

General description of articles being sold or services offered: \_\_\_\_\_

Length of time this permit is desired: From (*date*) \_\_\_\_\_ To (*date*) \_\_\_\_\_

Last cities, villages or towns, not to exceed three, where applicant conducted similar business just prior to making this registration: \_\_\_\_\_

Place where applicant can be contacted for at least seven days after leaving the Village: \_\_\_\_\_

Has applicant been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last five years? If yes, provide the nature of the offence and the place of conviction: \_\_\_\_\_

Has your permit ever been revoked? If yes, provide name of the City and State where revoked. \_\_\_\_\_

Attach a listing with the following detail for each individual you propose to employ under this permit:  
 1) Name, permanent address, telephone number, and temporary address, if any; 2) Height, weight and color of hair & eyes;  
 3) Date and place of birth; 4) Social Security Number; 5) Driver's License Number.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

I have knowledge of the city ordinances currently regulating the permit applied for herein, and being duly sworn under oath, depose and say that I am the person named above, and that all statements made in the foregoing application are true and correct. I HEREBY GRANT PERMISSION FOR THE BAYSIDE POLICE DEPARTMENT TO TAKE MY FINGERPRINTS.

Signature of Applicant/Agent: \_\_\_\_\_