

VILLAGE OF PALMYRA DIRECT SELLERS PERMIT REGISTRATION FORM

Municipal Code 12.06

100 W. Taft St., P.O. Box 380 Palmyra, WI. 53156

Phone: 262-495-8316 - Fax 262-495-8775

Applicant Information:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Age: _____ Height: _____ Color of Hair _____ Eyes _____

State Sellers #: _____

State Health Certif. if selling food or clothing: _____

Nature of business & description of goods/services offered: _____

License Period (dates): From _____ To: _____

Where is business to be carried on (residential/commercial): _____

Method of delivery of goods: _____

Vehicle to be used by applicant:

Make: _____ Model: _____ Year: _____

License No. _____ State: _____ Exp. date: _____

DL #: _____ State: _____ Exp. date: _____

I attest that I have not been convicted of any crime or ordinance violation related to the transient merchant business within the last five (5) years. If Yes please state where and what the violation was. _____

Signature: _____

Date: _____

\$7.00 Non-Refundable Investigation Fee per person-Allow Max. of 72 hours for Investigation

\$50.00 Direct Seller's Fee

Make check payable to the Village of Palmyra Cash or Check # _____ License # Issued: _____

Result of Investigation: I hereby APPROVE/DISAPPROVE the issuance of a license to this applicant.

Police Dept. Signature: _____

Date: _____

Remarks: _____

NOTE: Hours of Sale are allowed from 8 a.m. to 7 p.m. ONLY!