

STATE OF WISCONSIN

Milwaukee County }
 } ss.
City of Glendale }

Permit Fee Paid \$ _____	Receipt # _____
Date Issued _____	Permit # _____
Expiration Date: _____	Date Revoked: _____

APPLICATION FOR TRANSIENT MERCHANT PERMIT

Name of Applicant: _____

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

Present Business Address: _____

Previous address, if you have been located 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 this city: _____

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Has your permit ever been revoked? Yes No
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) Full first, middle & last name (2) Home address (3) Temporary address, if any (4) Telephone number
- (5) Date and place of birth (6) Social Security Number (7) Driver's License Number & state in which licensed

<p>Subscribed and sworn to before me this _____ day of _____</p> <p>Notary Public: _____</p> <p>My commission expires: _____</p>	<p>I have knowledge of the city ordinances currently regulating the permit applied for herein, and being duly sworn under oath, depose and say that all statements made in the foregoing application are true and correct. I HEREBY GRANT PERMISSION FOR THE GLENDALE POLICE DEPARTMENT TO TAKE MY FINGERPRINTS.</p> <p>Signature of Applicant Agent/Member: _____</p>
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