



City of Arcadia - TRANSIENT MERCHANT LICENSE APPLICATION

Chapter 346 of the City of Arcadia Municipal Code requires all transient merchants to register prior to commencing business within the City of Arcadia. Approval of the Transient Merchant application is subject to Police Department investigation to be completed within five business days from the time of submission.

REQUIREMENTS:

1. Photo copy of identification
2. A State Certificate of Examination & Approval if business involves weights and measures
3. A State Health Officer's Certificate if business involves the handling of food or clothing and as required, to be certified under State law
4. Surety Bond for applicants residing outside Trempealeau County, Wisconsin

FEE:

\$ 50.00 License
\$ 15.00 Processing
\$ 10.00 Record Check
\$ 80.00

NAME: _____ **DATE:** _____

PERMANENT ADDRESS: Street _____
City/State/Zip _____

TEMPORARY ADDRESS: Street _____
City/State/Zip _____

TELEPHONE NO.: _____ **DRIVER'S LICENSE NO.:** _____

DATE OF BIRTH: _____ **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____

VEHICLE: Make _____ Model _____ Year: _____

LICENSE: Number _____ State _____ Expiration _____

NATURE OF BUSINESS: Direct Sell _____ Solicitation _____ Other _____

DESCRIPTION OF GOODS OFFERED FOR SALE: _____

PROPOSED METHOD OF DELIVERY: _____

NAME OF COMPANY: _____

HOME OFFICE ADDRESS: Phone # _____
Street _____
City/State/Zip _____

BOND ISSUED: Has Bond been filed by the applicant that meets the requirements set forth in the City of Arcadia Municipal Code 346-4: Yes No Not Applicable

LIST AT LEAST THREE MUNICIPALITIES WHERE YOU HAVE CONDUCTED SIMILAR BUSINESS:

City/State _____ Dates _____

City/State _____ Dates _____

City/State _____ Dates _____

LIST BELOW AN ADDRESS (a) WHERE YOU CAN BE REACHED FOR AT LEAST SEVEN (7) DAYS AFTER LEAVING ARCADIA, AND A LOCATION (b) WHERE YOU CAN BE REACHED FOR AT LEAST SEVEN (7) DAYS AFTER THE DELIVERY OF GOODS (IF APPLICABLE):

(a) Street _____ City/State/Zip _____

(b) Street _____ City/State/Zip _____

I (HAVE) (HAVE NEVER) BEEN CONVICTED OF ANY CRIME OR ORDINANCE RELATED TO A DIRECT SELLING BUSINESS WITHIN THE LAST FIVE (5) YEARS. IF YOU HAVE, LIST CONVICTIONS BELOW:

Date _____ City/State _____ Violation _____

Date _____ City/State _____ Violation _____

Date _____ City/State _____ Violation _____

I hereby certify that the foregoing statements are true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

FOR POLICE DEPARTMENT USE ONLY; DO NOT WRITE BELOW THIS LINE

I have received the information submitted within this application and have found it to be:

Accurate Inaccurate

COMMENTS: _____

In addition, I have found supplemental background information on the applicant which is substantially related to circumstances of the licensee's activity and should be considered in the issuance of the requested license.

Yes No

COMMENTS: _____

Based upon this information, I recommend that the license be: Approved Denied

Chief of Police/or Designee

Date

TO BE COMPLETED BY CLERK

Date Application Received and Filed with Municipal Clerk _____

Copy of Photo ID

Date License Issued _____ Date License Expires _____ License # _____

Clerk's Signature _____ Date _____