



9229 W Loomis Rd, Franklin, WI 53132-9630  
Telephone: 414-425-7500

City Clerk's Office  
Fax: 414-425-6428

# Transient Merchant Permit Application Door-to-Door Sales

New  Renewal

**EACH INDIVIDUAL PERSON MUST COMPLETE SECTIONS 1-7, INCLUDE A PHOTOCOPY OF HIS/HER DRIVER'S LICENSE AND A PASSPORT-SIZED OR DIGITAL PICTURE. SIGNATURE MUST BE NOTARIZED (NOTARIES PUBLIC ARE AVAILABLE AT THE CITY CLERK'S OFFICE).**

**THE PRIMARY PERSON SHOULD COMPLETE SECTIONS 8-11 AS WELL.**

Door-to-door Sales (Company fee) **60.00**  
( \_\_\_\_\_ Days X \$10 per day – maximum of \$100.00 **Total** \_\_\_\_\_

## 1. APPLICANT

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ # Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

## 2. PRESENT ADDRESS \_\_\_\_\_

City State Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

If less than two years at present address, list previous address:

\_\_\_\_\_

## 3. PERMANENT ADDRESS \_\_\_\_\_

City State Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

## 4. TEMPORARY BUSINESS LOCATION

Location \_\_\_\_\_

Telephone Number (including area code) \_\_\_\_\_

## 5. List ALL Federal, State, or Local arrests:

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

Type of offense \_\_\_\_\_

Date \_\_\_\_\_ Place \_\_\_\_\_

**6. VEHICLE USED FOR CONDUCTING BUSINESS**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License # \_\_\_\_\_  
Method of merchandise delivery \_\_\_\_\_

**7. Applicant contact for at least seven days after license expires at**

Address \_\_\_\_\_  
City State Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Attach copy of identification**

APPLICANT UNDERSTANDS AND AGREES THAT THIS PERMIT IS NOT TO INSURE NOR INDEMNIFY AND SHALL NOT BE CONSTRUED AS SUCH. APPLICANT FURTHER AGREES THAT APPLICANT WILL INDEMNIFY AND HOLD HARMLESS THE CITY OF FRANKLIN FOR ANY & ALL CLAIMS ARISING FROM THE SERVICE OR GOODS PROVIDED UNDER THIS APPLICANT OR PERMIT.

APPLICANT FURTHER UNDERSTANDS AND AGREES THAT APPLICANT APPOINTS THE MUNICIPAL CLERK OF THE CITY OF FRANKLIN "TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST THE APPLICANT ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY THE APPLICANT IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF THE APPLICANT, IN THE EVENT THAT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY." CODE OF THE CITY OF FRANKLIN §237.4.D.

Date \_\_\_\_\_ Signature \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, COUNTY OF MILWAUKEE STATE OF WISCONSIN

MY COMMISSION EXPIRES \_\_\_\_\_

**8. Person, firm or corporation represented by applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

**9. List three previous municipalities where business was conducted**

\_\_\_\_\_

**10. Type of products or services to be sold (be specific)** \_\_\_\_\_

\_\_\_\_\_

**11. Wisconsin Seller's Permit Number** \_\_\_\_\_

\_\_\_\_\_