☐ New ☐ Renewal

City of Franklin
9229 W. Loomis Road
Franklin, WI 53132-9728

City Clerk's Office Email: ClerksDept@franklinwi.gov 414-425-7500

July 1, 2016 - June 30, 2017

APPLICATION

Transient Merchant Permit

St Martins Fair – Merchandise Only

o Monthly fee _____ (insert month) excludes September	$	25.00
o Annual fee NOT including Labor Day Event Endorsement	$	60.00
o Annual fee including Labor Day Event Endorsement (30 ft.)	$	160.00
o Annual fee including Labor Day Event Endorsement (max. 15 ft.)	$	80.00
o Issued at Fair (including Labor Day Event Endorsement) – 30 ft	$	260.00
o Issued at Fair (including Labor Day Event Endorsement) – max. 15 ft	$	180.00
o Non-intoxicating & Soda Water Beverages	$	5.00

Applicant (PRINT ALL INFORMATION)

Name _____ Social Security No. XXX-XX- _____

Date of Birth ____/____/19____ __ Place of Birth _____

Height _____ Weight _____ # Hair Color _____ Eye Color _____

Drivers License Number _____ State_____ Expiration Date ____

Present Address _____

City/State/Zip _____ Phone _____

E-mail Address_____

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

_____

City State Zip _____

Permanent Address _____

City/State/Zip _____ Phone _____

Temporary business location

Location _____ Phone _____

List ALL criminal convictions

Type of offense_____

Date _____ Place _____

Type of offense_____

Date _____ Place _____

Type of offense_____

Date _____ Place _____

Person, firm or corporation represented by applicant

Name _____

Address _____

City/State/Zip _____ Phone _____

Vehicle used for conducting business

Year _____ Make _____ Model _____ License # _____

Method of merchandise delivery _____

List three previous municipalities where business was conducted

_____ _____ _____

Applicant can be contacted for at least seven days at

Address _____

City/State/Zip _____ Phone _____

Type of products or services to be sold (be specific) _____

_____

Wisconsin Seller's Permit 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.

SIGNATURE *MUST* BE NOTARIZED

Date _____ Signature _____

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____, 201__

_____

NOTARY PUBLIC, COUNTY OF MILWAUKEE STATE OF WISCONSIN

MY COMMISSION EXPIRES _____

Wisconsin Temporary Event Operator and Seller Information

Information on this form is required under sec. 73.03(38), Wis. Stats.

Instructions on reverse side.

EVENT OPERATOR

PART A: Event Information: To be completed by the operator of the temporary event

1. Name of Temporary Event St. Martin's Fair
2. Date(s) of Temporary Event First Monday of each month
3. Location of Temporary Event (e.g., Venue, City) St Martins Rd/Forest Home Ave, Franklin

PART B: Operator Information: To be completed by the operator of the temporary event

1. Name and Address City of Franklin
   9229 W Loomis Road, Franklin, WI 53132
2. Daytime Telephone Number (414) 425-7500
3. E-mail Address
4. Wisconsin Tax Account Number ___ - _____ - __
   If blank, check appropriate box:
   ☐ No Taxable Sales ☐ Exempt under Occasional Sales Rule ☐ Exempt Nonprofit Organization
   ☑ Other – Explain: Municipal Corporation

SELLER

PART C: Seller Information: To be completed by seller and given to event operator on or before the first day of event.

THIS IS NOT AN APPLICATION FOR A WISCONSIN TAX ACCOUNT – SEE INSTRUCTIONS

1. Legal Name
2. Business Name
3. Address (Street or Route)
4. City, State and Zip Code
5. Home Telephone Number ( )
   Business Telephone Number ( )
6. Wisconsin Tax Account Number ___ - _____ - __
7. Social Security Number X X X - X X - ____
8. Federal Identification Number (FEIN) X X - X X X ____
9. Check one box indicating the type of activity you intend to engage in at this event:
   ☐ Selling Taxable Merchandise or Service ☐ Display Only
   ☐ Selling Exempt Merchandise or Service ☐ Exempt under Occasional Sales Rule
   ☐ Direct Sellers, Company Name ☐ Nonprofit Organization

I declare that the information on this form is true and correct to the best of my knowledge and belief and that I am authorized to sign this form.

Print Name:

Signature: Date:

Information about temporary events, including forms, instructions and FAQ's can be found on the Department of Revenue's website at **www.revenue.wi.gov/html/temevent.html**. If you have additional questions, please contact the Department of Revenue by e-mail at **tempevtprg@revenue.wi.gov** or telephone at (920) 832-2910. See reverse side for submission instructions.

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