APPLICATION FOR PEDDLERS, CANVASSERS & TRANSIENT MERCHANTS LICENSE (Provisions of ARTICLE V, SEC.18-146 to SEC.18-163 Municipal Code Apply)

FULL NAME OF APPLICANT	DATE OF APPLICATION:				
ADDRESS OF APPLICANT:					
	PLACE OF BIRTH:				
SOCIAL SECURITY NUMBER:	NUMBER OF IDENTIFICATION CARDS				
TELEPHONE NUMBER:	DRIVER'S LICENSE NUMBER				
PERMANENT ADDRESS OF APPLICANT:					
	NT				
PERMANENT TELEPHONE NUMBER:	CELL				
NAME AND ADDRESS OF BUSINESS REPRES	ENTED:				
NAME OF IMMEDIATE SUPERVISOR:					
ADDRESS OF IMMEDIATE SUPERVISOR:					
TELEPHONE NUMBER OF IMMEDIATE SUPE	RVISOR:				
AUTOMOBILE INFORMATION: MAKE:	MODEL:				
YEAR:	COLOR:				
AUTOMOBILE LICENSE INFORMATION: NUMBER:	STATE OF REGISTRATION:				
TO WHOM LICENSED: COMPANY:	INDIVIDUAL:				
SELECT ONE OF THE FOLLOWING:					
IF PARTNERSHIP, FULL LEGAL NAME AND A	ADDRESS OF ALL PARTNERS:NA (or)List on Separate She				
IF LIMILITED LIABILITY COMPANY, THE ST OF ALL MEMBERS AND MANAGERS OF THE	ATE OF ORGANIZATION AND FULL LEGAL NAME AND ADDRESS COMPANY:NA (or)List on Separate She				
IF CORPORATION, THE STATE OF INCORPORDING THE CORPORT OF THE CORPO	RATION AND FULL LEGAL NAME AND ADDRESS OF ALL RATION:NA (or)List on Separate She				
The applicant's principal must also p	ESS OF ALL TRUSTEES AND BENEFICIARIES:NA (or) rovide a copy of those portions of the trust agreement and all amendments d legal existence of the trust and the appointment of the trustee(s).				
	TION, PROVIDE THE APPLICABLE STATE OF FORMATION AND ALL OWNERS OR ASSOCIATES:NA (or)List on Separate Shee				
WEB ADDRESS:	(or) N.				

PRINCIPAL, AND ALL OF T	S, COUNTIES, OR TOWNSHIPS IN WHICH HE PERSONS LISTED HAVE CONDUCTE THE APPLICANT HEREUNDER IN THE P.	D ACTIVITIES SIMILAR TO THE ACTIVIES
1	2	
3	4	
5	6	
7	8	
9	10	
	IEF DESCRIPTION OF GOODS OFFERED N THE APPLICANT WISHES TO PROVIDE	
PROPOSED METHOD OF D	ELIVERY:	
ADDRESS WHERE APPLICA	ANT CAN BE CONTACTED AT LEAST SE	VEN (7) DAYS AFTER LEAVING CITY:
		O OF ANY CRIME, INFRACTION, ON RELATED TO MERCHANT BUSINESS
NAME OF ONE (1) ASSISTA	NT:	PMO

- ➤ HAVE A CERTIFICATE OF LIABILITY INSURANCE IN THE AMOUNT OF \$1,000,000 BODILY, \$500,000 PROPERTY FOR EACH OCCURRENCE WITH CITY OF BERLIN NAMED AS AN ADDITIONAL INSURER
- ➤ POST A CORPORATE SURETY BOND WITH THE CITY OF BERLIN IN THE SUM OF TEN THOUSAND DOLLARS (\$10,000.00) (each application is reviewed by the City Clerk and Chief of Police for this requirement)
- > SIGNED HOLD HARMLESS AGREEMENT
- > PRESENT A COPY OF SELLERS PERMIT ISSUED BY THE STATE OF WISCONSIN
- > PRESENT A VALID DRIVERS LICENSE
- > IF APPLICABLE, PRESENT COPY OF VEHICLE INSURANCE ACCORDING TO ORDINANCE

EQUAL TO OR GREATER THAN:

- \$25,000 BODILY INJURY/DEATH TO ONE PERSON IN ONE INCIDENT
- \$50,000 BODILY INJURY/DEATH TO TWO OR MORE PERSONS IN ONE INCIDENT
- \$10,000 INJURY/DESTRUCTION OF PROPERTY OF OTHERS IN ONE INCIDENT
- ➤ PAY FEE OF TWENTY-FIVE DOLLARS (\$25.00)

IF NO VALID DRIVERS LICENSE, APPLICANTS

HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	PHOTO			
FOLLOWING A 72 HOUR WAITING PERIOD AND APPROVAL OF APPLICATION BY POLICE DEPARTMENT LICENSE WILL BE ISSUSED TO SAID APPLICANT:							
SIGNATURE OF APPLICANT:							
PERMIT IS VALID FOR SIX (6) MONTHS UNLESS REVOKED FOR ANY OF THE FOLLOWING REASONS:							
 Any violation of city ordinances Fraud, misrepresentation, or incorrect statement made in the course of carrying on activity in the City of Berlin Conduct in such manner as to constitute breach of peace or a menace to health, safety, or general welfare of the public. Any violation of Wis Stats. chs. 421-427 Any violation of Wis Stats. ch.98 							
FOR OFFICE USE:							
DATE PAID	RI	ECEIPT NUMBER	PERMIT NUM	BER:			
APPROVAL BY	POLICE DEPART	MENT:	DATE:				

APPROVAL BY CITY ATTORNEY: DATE: