Applicant's Name	City of Berlin - Peddler's Permit Checklist

- _____ COMPLETE APPLICATION

  Addendum A, Addendum B and/or Addendum C as required

- _____ 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

  Expiration date: _____

- _____ 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)

  _____ Surety Bond required

  _____ Surety Bond requirement waived

_____ _____

City Clerk Date Chief of Police Date

- _____ SIGNED HOLD HARMLESS AGREEMENT
- _____ COPY OF SELLERS PERMIT ISSUED BY THE STATE OF WISCONSIN

  Expiration date: _____

- _____ 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

- _____ COPY OF HEALTH DEPARTMENT PERMIT IF APPLICABLE

  Expiration date: _____

- _____ COPY OF WEIGHTS & MEASURES LICENSE IF APPLICABLE

  Expiration date: _____

- _____ OTHER REQUIRED LICENSES OR PERMITS _____
- _____ PHOTO SUBMITTED or PHOTO TAKEN AT CITY HALL
- _____ FEE OF TWENTY-FIVE DOLLARS ($25.00)

NOTES:

ADDENDUM A

PEDDLER ID CARD APPLICANTS ONLY

INFORMATION RELATED TO BUSINESS REPRESENTED BY APPLICANT (the Applicant's "Principal):

Principal's Name: _____

Principal's Permanent Address: _____

PRINCIPAL IS:

_____ Individual/Sole Proprietorship
_____ Corporation If **checked, also complete item 1 on Addendum C.**
_____ Partnership If **checked, also complete item 2 on Addendum C.**
_____ LLC (Limited Liability Corporation) If **checked, also complete item 3 on Addendum C**
_____ LLC (Limited Liability Partnership) If **checked, also complete item 4 on Addendum C.**
_____ Trust If **checked, also complete item 5 on Addendum C.**
_____ Other_____If **checked, also complete item 6 on Addendum C.**

ATTACH A SEPARATE LIST OF ALL INFRACTIONS, OFFENSES, MISDEMEANOR AND FELONY CONVICTIONS OF EACH OF THE PERSONS LISTED ON ADDENDUM C FOR THE SEVEN YEARS IMMEDIATELY PRIOR TO THE APPLICATION.

ATTACH A COPY OF THE APPLICANT'S, OR THE PRINCIPAL'S, VALID SELLER'S PERMIT FOR THE ACTIVITY CONTEMPLATED BY THE APPLICANT AS ISSUED BY THE STATE OF WISCONSIN.

IF A MOTOR VEHICLE IS TO BE USED, SUBMIT PROOF OF THE APPLICANT'S, AND THE APPLICANT'S PRINCIPAL'S, ABILITY TO RESPOND IN DAMAGES FOR LIABILITY ON ACCOUNT OF ACCIDENTS. CONSULT SECTION 18-151(9)d. OF THE CITY CODE FOR A LIST OF OPTIONS FOR SATISFYING THIS REQUIREMENT. (Examples include motor vehicle insurance, surety bond or self-insurance per the requirements of said code section).

SUBMIT WITH THIS APPLICATION A CERTIFICATE OF COMPREHENSIVE GENERAL LIABILITY INSURANCE (PURSUANT TO THE STANDARDS SET FORTH IN SECTION 18-151(9)f. OF THE CITY CODE) IN COVERAGE AMOUNTS OF NO LESS THAN $1 MILLION PER OCCURRENCE FOR PERSONAL INJURY AND $500,000 FOR PROPERTY DAMAGE.
(Note: Liability insurance coverage included in a motor vehicle policy does not satisfy this requirement.)

ONLY IF REQUIRED BY THE CITY CLERK AND POLICE CHIEF PURSUANT TO SECTION 18-151(9)g. OF THE CITY CODE, SUBMIT WITH THIS APPLICATION A CORPORATE SURETY BOND IN THE AMOUNT OF $10,000 (MEETING THE STANDARDS REQUIRED BY SECTION 18-151(9)g.).

WILL WEIGHTS OR MEASURES BE USED BY THE APPLICANT FOR PURPOSES OF SALES OF ANY GOODS:

_____ NO
_____ YES

IF YES, DESCRJBE:

_____
_____
_____

IF SALE OF FOOD AND/OR CLOTHING, SUBMIT COPIES OF ALL VALID LICENSES FOR SUCH ACTIVITIES FROM THE STATE OF WISCONSIN.

ADDENDUM B

SOLICITOR ID CARD APPLICANTS ONLY

INFORMATION RELATED TO ORGANIZATION, PERSON OR GROUP FOR WHOM DONATIONS (OR PROCEEDS) ARE ACCEPTED, AND/OR THE BUSINESS SPONSORING THE COMMERCIAL EVENT OR SERVICE FOR WHICH THE APPLICANT WILL BE DISTRIBUTING HANDBILLS OR FLYERS (the Applicant's "Principal):

Principal's Name:

Principal's Permanent Address:

PRINCIPAL IS:

_____ Individual/Sole Proprietorship

_____ Corporation If **checked, also complete item 1 on Addendum C.**

_____ Partnership If **checked, also complete item 2 on Addendum C.**

_____ LLC (Limited Liability Corporation) If **checked, also complete item 3 on Addendum C.**

_____ LLC (Limited Liability Partnership) If **checked, also complete item 4 on Addendum C.**

_____ Trust If **checked, also complete item 5 on Addendum C.**

_____ Other_____ If **checked, also complete item 6 on Addendum C.**

PRINCIPAL'S WEB ADDRESS (OR OTHER ADDRESS) WHERE RESIDENTS HAVING SUBSEQUENT QUESTIONS CAN GO FOR MORE INFORMATION:

_____

NAME OF MUNICIPALITIES, COUNTIES, OR TOWNSHIPS IN WHICH THE APPLICANT, THE APPLICANT'S PRINCIPAL, AND ALL OF THE PERSONS LISTED ON ADDENDUM C HAVE CONDUCTED ACTIVITIES SIMILAR TO THE ACTIVITIES CONTEMPLATED FOR BY THE APPLICANT HEREUNDER IN THE PAST THREE (3)YEARS:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

SUBMIT WITH TI-US APPLICATION ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE, PERHAPS INCLUDING COPIES OF LITERATURE TO BE DISTRJBUTED, REFERENCES TO OTHER MUNICIPALITIES WHERE SIMILAR ACTIVITIES HAVE OCCURRED, ETC.

ADDENDUM C

PRINCIPAL'S INFORMATION

Attach additional sheets as necessary.

Item 1: (Corporations). State of Incorporation: _____

Provide names and addresses of all directors and officers:

Item 2: (Partnerships). State of Formation: _____

Provide names and addresses of all partners (if a limited partnership, identify general and limited partners):

Item 3: (Limited Liability Companies). State of Organization: _____

Provide names and addresses of all managers and members:

Item 4: (Limited Liability Partnerships). State of Organization: _____

Provide names and addresses of all partners:

Item 5: (Trusts). State of Formation: _____

Provide names and addresses of all trustees and beneficiaries:

Also attach title page, trustee identification pages and signature pages of trust agreement.

Item 6: (Other). State of Organization or Formation: _____

Provide names and addresses of all owners or associates as applicable:

Attach additional sheets as necessary.

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:_____

DATE OF BIRTH:_____PLACE OF BIRTH:_____

SOCIAL SECURITY NUMBER:_____NUMBER OF IDENTIFICATION CARDS_____

TELEPHONE NUMBER:_____DRIVER'S LICENSE NUMBER_____

PERMANENT ADDRESS OF APPLICANT:_____

LOCAL/TEMPORARY ADDRESS OF APPLICANT_____

PERMANENT TELEPHONE NUMBER:_____CELL_____

NAME AND ADDRESS OF BUSINESS REPRESENTED:_____

NAME OF IMMEDIATE SUPERVISOR:_____

ADDRESS OF IMMEDIATE SUPERVISOR:_____

TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR:_____

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 ADDRESS OF ALL PARTNERS:_____NA (or)_____List on Separate Sheet

IF LIMILITED LIABILITY COMPANY, THE STATE OF ORGANIZATION AND FULL LEGAL NAME AND ADDRESS OF ALL MEMBERS AND MANAGERS OF THE COMPANY:_____NA (or)_____List on Separate Sheet

IF CORPORATION, THE STATE OF INCORPORATION AND FULL LEGAL NAME AND ADDRESS OF ALL DIRECTORS AND OFFICERS OF THE CORPORATION:_____NA (or)_____List on Separate Sheet

IF A TRUST, FULL LEGAL NAME AND ADDRESS OF ALL TRUSTEES AND BENEFICIARIES:_____NA (or) _____The applicant's principal must also provide a copy of those portions of the trust agreement and all amendments thereto necessary for the city to determine the valid legal existence of the trust and the appointment of the trustee(s).

IF ANY OTHER LEGAL ENTITY OR ASSOCIATION, PROVIDE THE APPLICABLE STATE OF FORMATION AND THE FULL LEGAL NAME AND ADDRESS OF ALL OWNERS OR ASSOCIATES:_____NA (or)___List on Separate Sheet

WEB ADDRESS:_____(or)_____NA

NAME OF MUNICIPALITIES, COUNTIES, OR TOWNSHIPS IN WHICH THE APPLICANT, THE APPLICANT'S PRINCIPAL, AND ALL OF THE PERSONS LISTED HAVE CONDUCTED ACTIVITIES SIMILAR TO THE ACTIVIES COMTEMPLATED FOR BY THE APPLICANT HEREUNDER IN THE PAST THREE **(3)**YEARS:

1._____2._____

3._____4._____

5._____6._____

7._____8._____

9._____10._____

NATURE OF BUSINESS, BRIEF DESCRIPTION OF GOODS OFFERED OR COPIES OF GOODS OFFERED, AND ANY OTHER INFORMATION THE APPLICANT WISHES TO PROVIDE:

_____

_____

_____

_____

PROPOSED METHOD OF DELIVERY:_____

ADDRESS WHERE APPLICANT CAN BE CONTACTED AT LEAST SEVEN **(7)** DAYS AFTER LEAVING CITY:

_____

_____

STATEMENT AS TO WHETHER APPLICANT HAS BEEN CONVICTED OF ANY CRIME, INFRACTION, MISDEMEANOR, FELONY CONVICTION, OR ORDINANCE VILOATION RELATED TO MERCHANT BUSINESS WITHIN THE LAST SEVEN **(7)** YEARS:

_____

_____

_____

_____

NAME OF ONE (1) ASSISTANT:_____

($25.00 FEE INCLUDES ONE (1) ASSISTANT, BUT ASSISTANT MUST FILL OUT COMPLETE FORM)

APPLICANT MUST

- 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 16 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_____RECEIPT NUMBER_____PERMIT NUMBER:_____

APPROVAL BY POLICE DEPARTMENT:_____DATE:_____

APPROVAL BY CITY ATTORNEY:_____DATE:_____

City of Berlin

108 North Capron Street P.O. Box 272
Berlin, WI 54923
920-361-5400 Phone 920-361-5454 Fax

Indemnification, Defense, and Hold Harmless Agreement

The undersigned, as an applicant for a permit from the City of Berlin, hereby agrees to indemnify, defend, and hold harmless the City of Berlin and its employees and agents against all claims, liabilities, loss, damages, or expenses against or incurred by the City of Berlin on account of any injury to or death of any person, or any damage to property, caused by or resulting from the activities for which the permit was granted.

Specifically this Agreement applies to the following event:

_____
(Description and location of event)

On: _____
(Date(s) of event)

By: _____
(Sign and Print Name)

OR On Behalf of:

_____
(Name of Organization and Title if applicable)

If signing on behalf of an organization, you must have authority from the organization to sign an agreement like this. By signing this agreement, you are warranting to the City of Berlin that you have such authority.