

# TRANSIENT MERCHANTS - APPLICATION FORM

Village Clerk

Fee: \$50.00 Rec. # \_\_\_\_\_

Village of Caledonia

County of Racine

Registration/License # \_\_\_\_\_

## Person, Firm, Association or Corporation Information:

(1) Business name, address & telephone number: \_\_\_\_\_

(2) Your name, home address & telephone number: \_\_\_\_\_

(3) Temporary address and telephone number from which business will be conducted: \_\_\_\_\_

(4) Nature of business to be conducted and a brief description of the merchandise, and any services offered: \_\_\_\_\_  
\_\_\_\_\_

(5) Proposed methods of delivery of merchandise, if applicable: \_\_\_\_\_  
\_\_\_\_\_

(6) Make, model and license number of any vehicle to be used by applicant in the conduct of his/her business: \_\_\_\_\_

(7) Most recent cities, villages, Villages where applicant conducted his/her business (not to exceed three): \_\_\_\_\_

(8) Place where applicant can be contacted for at least seven days after leaving the Village: \_\_\_\_\_

(9) Has applicant been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last five years -- if so, the nature of offense and the place of the conviction? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the business for which this license is applied for.**

### Copy of documents required:

1. Driver's License or proof of identity;
2. A State Health Officer's Certificate\*\*\*;
3. A state certificate of examination & approval from the sealer of weights & measures where applicant's business requires use of weighing & measuring devices approved by state authorities;
4. Two (2) color photographs that is no larger than 2" x 2" ("passport sized"), unless a larger photograph is deemed acceptable by the clerk

\*\*\*Where the applicant's business involves the handling of food or clothing and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application license is made.

**(Please Turn Over)**

## Permanent Personal Information

D.O.B. \_\_\_\_\_ (Print Name) \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ (Signature) \_\_\_\_\_  
Contact Phone No. \_\_\_\_\_ (Home Address) \_\_\_\_\_  
Dated: \_\_\_\_\_ (City, State and Zip) \_\_\_\_\_  
DL # or ID# \_\_\_\_\_ SS # \_\_\_\_\_

**Current ID INFO.:**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Racine County, WI

My Commission Exp.: \_\_\_\_\_

**For Office Use Only**

- All questions are answered**
- All personal information is filled out completely** (including backside)

**Documents attached:**

- Copy of Driver's License or other proof of ID
- A state certificate of examination and approval of weights and measures
- A State Health Officer's Certificate
- Two (2) color photographs as specified
- Receipt