Transient Merchant BUSINESS License Application	License Fee Receipt #
City of Adams	Cash Bond Date
101 N. Main St., P.O. Box 1009	Cash Bond Receipt #
Adams, WI 53910	Date Bond Refunded
Phone: (608) 339-6516	FOR OFFICE USE ONLY
FAX: (608) 339-8170	
Businesses where the owner and employee/representative are the same person may submit one application under the business rate. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee. Check the appropriate boxes below to denote time frame and fee. Businesses must apply no less than 30 days before planned selling activity. Employees/representatives must apply no less than 72 hours before planned selling activity.	
	1 month @ \$175
	6-month @ \$250 12-month @ \$500
	Date Licensing Period Begins
BUSINESS INFORMATION	
Business Name	Ownership Type
Business Address	
Wisconsin Seller's Permit# Contact Person	Tel #
Local address and telephone number from which business will be conducted (Submit statement from property owner giving permission to conduct business.)	
Owner/On-site Contact Name	Birth Date
Owner/On-site Contact Driver's License Number	
Nature of Business to be conducted and a brief description of goods offered, and any services offered	
Proposed method of delivery of goods, if applicable BOND	
Dollar Value of Most Expensive Item Being Sold	Name of Item
Check Bond Type: Cash Surety Amount	
Price of Most Expensive Goods Cash/Surety Bond Required	
\$1 to \$99.99\$N/A	Cash bonds are refundable after 60 days from the license
	expiration date, if the City Clerk has received no notice of
\$250 to \$499.99 \$5,000	complaints or received assurance from a complainant that the
	claim has been satisfied, whichever occurs last. Surety bonds will be kept on file until expiration date
\$1,000 or More\$10,000 be kept on file until expiration date. I, hereby appoint the City Clerk as my agent to accept service of process in any civil action brought against the applicant arising out of any act by said applicant in connection with the direct sales activities, in the event I cannot, after reasonable effort, be served.	
Signature of Applicant	
Subscribed and sworn to before me this day of	
Notary Public / My Commission Expires	
Make/Year/Plate Number of Vehicle(s) To Be Used	
1) 2)	
Place where applicant can be personally contacted for at least seven (7) days after leaving the City of Adams:	
Address	Telephone
Criminal record related to transient merchant business: Yes No (If yes, give nature of offense and location)	

APPLICANT'S STATEMENT I hereby certify that the answers in the foregoing statement are complete and true and correct to the best of my knowledge and belief.