



CITY OF ADAMS
 OFFICE OF THE CITY CLERK
 101 N. MAIN STREET, P.O. BOX 1009
 ADAMS, WI 53910
 Telephone: (608) 339-6516 Fax: (608) 339-8170

**FLEA MARKET
 LICENSE APPLICATION
 \$250.00 Annual Permit**

License year: July 1, 20__ to June 30, 20__

Name _____ Phone No. _____
 (Business name at Adams location)

Business Address _____

Name _____ Phone No. _____
 (Property Owner(s))

Address _____

List name and address of owners and occupants of adjacent properties:	
_____	_____
_____	_____
_____	_____
_____	_____

Dates during which the Flea Market shall be open: _____

Estimated number of Direct Sellers at the Flea Market: _____

Provide drawing on back or separate sheet showing the following items:

- ___ Size
- ___ Location and size of building(s) on property
- ___ Adjacent streets
- ___ Alleys and exits to and from the property
- ___ Proposed area for customer parking
- ___ Proposed location for booths and stands of Direct Sellers

I HEREBY AGREE TO COMPLY WITH ALL LAWS, ORDINANCES AND REGULATIONS PERTAINING TO THE LICENSING OF THE ABOVE. I CERTIFY THAT ALL THE ABOVE ARE TRUE AND CORRECT.

Signature _____ Date _____

TO BE COMPLETED BY CLERK

Date rcv'd & filed w/municipal clerk
License number issued

Date reported to council
Date license issued

Date License granted
Signature of Clerk/Deputy Clerk