

**Transient Merchant EMPLOYEE-REPRESENTATIVE License Application**

**City of Adams**  
**101 N. Main St., P.O. Box 1009**  
**Adams, WI 53910**  
**Phone: (608) 339-6516**  
**FAX: (608) 339-8170**

License Fee _____
Receipt # _____
Date _____
FOR OFFICE USE ONLY

Businesses where the owner and employee/representative are the same person may submit one application under the business rate on the business form. Businesses who hire employee/representatives must submit an application for the business and separate applications for each employee/representative. 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.

- |  |  |
|--|--|
| <input type="checkbox"/> 2-day @ \$10  | <input type="checkbox"/> 1 month @ \$25  |
| <input type="checkbox"/> 4-day @ \$20  | <input type="checkbox"/> 6-month @ \$25  |
| <input type="checkbox"/> 1 week @ \$25 | <input type="checkbox"/> 12-month @ \$30 |

Date of Application: \_\_\_\_\_ Date Licensing Period Begins \_\_\_\_\_

**EMPLOYEE/REPRESENTATIVE INFORMATION**

Individual's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Permanent Address \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_  
 Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Make/Year/Plate Number of Vehicle(s) To Be Used \_\_\_\_\_

Names of the last three (3) cities, villages, or towns where applicant conducted a similar activity just prior to making this registration:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Place where applicant can be personally contacted for at least seven (7) days after leaving the City of Adams:

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Business Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_  
 Local address and telephone number from which business will be conducted \_\_\_\_\_

On-site Contact Name \_\_\_\_\_

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 \_\_\_\_\_

**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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Application referred to City of Adams Police Department on _____
It is the recommendation of the undersigned that:
<input type="checkbox"/> The application be APPROVED and the license be issued.
<input type="checkbox"/> The application be APPROVED and the license be issued subject to the FOLLOWING CONDITIONS and/or REGULATIONS:
_____
<input type="checkbox"/> The application be DENIED for the following reasons:
_____
_____
Date _____ Signed: _____ Title: _____