

CITY OF SPOCON

Date of Acceptance/Registration: _____

Date(s) selling: _____

♦State of WI Seller's Permit #: _____ (required)

Seasonal Transient Merchant/Vendor Fee: \$100.00 Annual

Plus actual background check fee imposed by the WI Dept of Justice

REGISTRATION INFORMATION

PLEASE PRINT

Name: _____

FIRST MIDDLE LAST

Address: _____

City, State, Zip: _____

Telephone/Cell: _____

Social Security #: _____ Driver's License #: _____

Color of Hair: _____ Color of Eyes: _____

Birthday: _____ Height: _____ Weight: _____

Name and address of Corporation/Business:

Mailing Address, if different:

Nature of business/brief description of merchandise or services:

Proposed method of delivery (if applicable):

Make, model and license of vehicle used in the conduct of business:

List the last three (3) cities, towns or villages this business was conducted:

1. _____
2. _____
3. _____

Place where applicant can be contacted for at least seven (7) days after they have left Spooner:

Has applicant ever been convicted of a crime or an ordinance violation related to applicant's **business** within the last five (5) years: YES _____ NO _____

If yes, the nature of the offense and place of the conviction: _____

Has applicant ever been convicted of a felony or misdemeanor since 17th birthday?
YES _____ NO _____

As a juvenile, was applicant ever waived into adult court and convicted of a felony or misdemeanor? YES _____ NO _____

Has applicant ever been convicted by a military court martial? YES _____ NO _____

Has applicant ever been convicted of disorderly conduct that involved violence against another person? YES _____ NO _____

List any Pending Citations, Tickets or Criminal Charges _____

List all Citations, Tickets, Municipal/Ordinance Violations and Criminal Convictions (excluding parking tickets). Attach additional paper if necessary.

Applicant Signature: _____ Date: _____

Approved by SFD Chief: _____ Date: _____

Approved by SPD: _____ Date: _____

Approved by Clerk: _____ Date: _____