

TOWN OF OCONOMOWOC

Application For Registration of

PEDDLERS AND TRANSIENT MERCHANTS

Date:		Registration Fee	<u>\$120.00</u>
Name			
Permanent Address	(Street)	(P.O. Box)	
-	(City)	(State)	(Zip)
Temporary Address	(Street)	(P.O. Box)	
Telephone Number	(City)	(State)	(Zip)
Height	Weight	Date of Birth	
Hair Color	Eye Color		
	* * *		
BUSINESS NAME:			
BUSINESS ADDRESS	(Street)	(P.O. Box)	
	(City)	(State)	(Zip)
BUSINESS TELEPHONE NUMBER	(dity)	(oute)	(Lip)

Describe the nature of the business to be conducted:	
Give a description of the merchandise or services offe	ered:
Describe the method of delivery of merchandise, if ap	pplicable:
List the make, model and the license plate number of conducting of this business:	
List three cities/towns/villages where the applicant l	nas conducted this business:
Place where applicant can be contacted for at l Oconomowoc:	
Have you been convicted of any license law or ordin the last five years?	<u>•</u>
If you answered yes to the above, state the nature	of the offense and the place of the conviction:
Proof of Identify (i.e. Driver's License):	
Have you ever been convicted of violating any law or If yes, please explain:	
A State Certificate of Examination and Approval if bus	siness involves weights & measures:
A State Health Officer's Certificate if business involve	s the handling of food or clothing:
Your signature on this form acknowledges background check will be conducted, which is background check and a credit history check.	
(Signature of Applicant)	Police Approval
Subscribed and Sworn to before me on this day of 20	Yes No
Town of Oconomowoc Clerk/Treasurer	Town of Oconomowoc Chief of Police