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ASHLAND

City of Ashland, Wisconsin
601 Main Street West Ashland, WI 54806 www.coawi.org

APPLICATION FOR TRANSIENT MERCHANTS, SOLICITORS AND DOOR-TO-DOOR SALES VENDORS

DATE(S) OF SALES:
LICENSE # _____

SECTION 1 – BUSINESS INFORMATION

Business Name		Owner Name	
Street Address		City	State & ZIP
Type of Merchandise or Service			Business Phone Number
Has the business applied for a permit in the City of Ashland before?		If yes, what year?	
List the last 2 communities this business had employees working:			

SECTION 2 – CIRCLE ONE **APPLICANT** OR **ASSISTANT** INFORMATION. Use a separate form for each applicant.

NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)		Maiden Name / AKA	
Home Address		City	State & ZIP
Driver's License Number		State that issued license	Social Security Number
Date of Birth	Sex	Home Phone	Cell Phone
Site Location or Method of Delivery:			
Vehicle Identification: Make & Color		License Plate Number & State	Insurance Co. & Policy #
2 ND Vehicle			
List the last 2 communities you've held a permit in:			
List any crime or ordinance violations you've had in the last 5 years. Additional listed on back. <input type="checkbox"/>		Status (Pending, Guilty, Dismissed)	Location & Date/Year

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the City of Ashland, County of Ashland, Wisconsin, for a "Transient Merchants, Solicitor, and Door-to-Door Sales Permit".

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

(Notary required if NOT returning application in person.)

Subscribed and sworn before me

this ____ day of _____, 20____

Applicant's Signature Date

Staff Signature as Witness Date

Notary Public Signature
My Commission Expires: _____

APPLICANT NAME: _____

BUSINESS NAME: _____

- COPY of Driver's License
- COPY of Liability Insurance
- COPY of WI Sellers Permit

BACKGROUND CHECK:

<p>Completed by: _____ Date: _____</p> <p>APD recommends: Approval Denial - due to: _____</p> <p><input type="checkbox"/> Approved by the City of Ashland Common Council on _____</p> <p><input type="checkbox"/> Denied due to: _____</p> <p>Valid for the dates: _____</p> <p>Clerk / Deputy Clerk's Signature: _____</p>

FEES APPLIED:

Ashland City Ordinances Chapter 165: Comprehensive Fee Schedule

One-day Permit	\$ 50.00	
7 Days / Week	\$200.00	
30 Days / Month	\$500.00	
TOTAL DUE		

Date Paid _____

RECEIPT No. _____

Additional crime or ordinance violations you've had in the last 5 years that didn't fit on front page.	Status (Pending, Guilty, Dismissed)	Location & Date/Year