

Find yourself next to the water.

ASHLAND

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

APPLICATION FOR MOBILE CONCESSION VENDORS

License Valid Dates: _____
LICENSE # _____

Failure to submit a complete and accurate application will result in denial of permit.

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.

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	Issuing State	Social Security Number	
Date of Birth	Primary Phone	Secondary Phone	
Operating Location:			
<input type="checkbox"/> If utilizing City owned property, additional paperwork and fees may be required			
Vehicle Identification: Make, Model & Color	License Plate Number & State	Insurance Co. & Policy #	
Have you applied for a permit in the City of Ashland before? _____ If yes, in what year?			
List the last 2 communities you've held a permit in:			
List any crime or ordinance violations you've had within the last 5 years.	Status (Pending, Guilty, Dismissed)	Location & Date/Year	

List any additional crime or ordinance violations you've had in the last 5 years on back.

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

Applicant's Signature *Date*

this ____ day of _____, 20____

Staff Signature as Witness *Date*

Notary Public Signature

My Commission Expires: _____

REQUIRED ADDITIONAL DOCUMENTATION

- COPY of Driver's License
- COPY of Liability Insurance
- COPY of Wisconsin Seller's Permit

Attach all copies to this application

BACKGROUND CHECK:

APD recommends: Approval Denial - due to: _____

Completed by: _____ Date: _____

The City of Ashland Common Council *(if applicable)*

Approved on _____

Denied due to: _____

Clerk / Deputy Clerk's Signature: _____ Date: _____

FEES APPLIED: *Per the Ashland City Ordinances Chapter 165: Comprehensive Fee Schedule*

Selling Timeframe	Vendor Fee
10 days or less (non-consecutive)	\$75.00
30 days (consecutive)	\$100.00
90 days (consecutive)	\$250.00
12 months (July 1 to June 30)	\$500.00

*Valid until June 30, _____

DATE PAID TO THE CITY OF ASHLAND _____
RECEIPT # _____