

City of Durand

Peddler, Direct Seller or Transient Merchant License Application

INSTRUCTIONS: Applicant must complete and return to the City Clerk's Office prior to any selling or solicitation along with a non-refundable application fee. The license will expire on Dec. 31, annually. A criminal background check will be conducted by the City of Durand Policy Department. If more than one (1) person is soliciting in the City of Durand, then a separate application and fee will be required. Further information is set forth in the City Municipal Code Article II – Direct Seller and Article X – Transient Merchant.

FEES/SURETY BOND

- Application Fee - \$57.00 (\$50 application fee/\$7 background check)
 A \$2,000 Corporate Surety Bond must be submitted with application

APPLICANT INFORMATION

NAME (LAST, FIRST, MI)	FORMER/MAIDEN NAME
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ADDRESS Permanent Temporary, if temporary also provide permanent address.

CITY	STATE	ZIP	TELEPHONE
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SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DATE OF BIRTH	STATE OF BIRTH
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DRIVER'S LICENSE	STATE OF ISSUANCE
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Will a vehicle be used by Applicant? YES NO If YES, provide the following information:

VEHICLE MAKE, YEAR AND MODEL	VEHICLE BODY STYLE AND COLOR	LICENSE PLATE NO.
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Have you been convicted of any crime, misdemeanor, or violation of Municipal Ordinance other than traffic violations? YES NO If YES, describe.

EMPLOYER/FIRM/ASSOCIATION/CORPORATION

NAME OF EMPLOYER/FIRM/ASSOCIATION/CORPORATION	CONTACT NAME
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ADDRESS

CITY	STATE	ZIP	TELEPHONE
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NATURE OF BUSINESS

1. Is the company a Charitable Organization? YES NO If YES, provide proof of registration pursuant to §202.22 Wis. Stats.

2. Describe goods to be sold and/or services to be provided include brand names.

3. Are you selling food or produce? YES NO If YES, provide copy of permit issued by Pepin County Health Department

4. What is the length of time peddling/soliciting will take place in the City? _____ (maximum length 3 months)

5. What is the source of supply of goods to be sold?

6. Where are the goods now located?

7. What is the proposed delivery method of goods to be sold?

REFERENCES

Provide Name and Addresses of two (2) references.

NAME (LAST, FIRST, MI)	ADDRESS, CITY, STATE, ZIP

Provide Names and Addresses of three (3) local municipalities where the same type of business was conducted as requested in this application prior to the date of this application.

NAME OF MUNICIPALITY	ADDRESS, CITY, STATE, ZIP

SIGNATURE (sign before a Notary Public)

I hereby swear and affirm that in making this application, I have truthfully answered all questions contained herein to the best of my knowledge and belief; that I am aware of the provisions of City of Durand Municipal Code and agree to abide by its conditions; and that I am aware that any false statement or answer on this application voids the license on the basis of the facts herein contained, if issued. I understand and consent to release information to the City of Durand Police Department to conduct a background check as it relates to this application.

SIGNATURE ►	DATED ►
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Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public, Pepin County, State of Wisconsin

Expires: _____

- A Peddler/Solicitor/Transient Merchant must have a license on their person.
- A Peddler/Solicitor/Transient Merchant is prohibited from calling at any dwelling or other place between the hours of 9:00 p.m. and 9:00 a.m., except by appointment.
- You may be required to produce a state certification from the Sealer of Weights and Measures.
- You may be required to produce a state certification from the Health Officer if the business involves the handling of food and/or clothing dated not more than 90 days prior to the date of the application.

RETURN TO

Durand City Hall
104 E Main St.
PO Box 202
Durand, WI 54736
715-675-8770

POLICE – BACKGROUND CHECK

<input type="checkbox"/> NO RECORD <input type="checkbox"/> RECORD	DATE CHECKED
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BY _____

REMARKS _____

OFFICE USE ONLY

<input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED

DATE _____

LICENSE NO. _____