

Transient Merchant Registration

Pursuant to Madison General Ordinances, Section 9.17. Fee: \$50 (Non-Refundable).

Office Use: 809 License # _____ Date Application Filed _____ Date License Issued _____

Section 1: All Applicants

Applicant shall present to the Clerk photocopies of the following items for examination:

- ◆ Wisconsin State Seller's Permit (if applicable)
- ◆ One of the following photo identifications for background check: State Driver's License, State ID, Federal ID, or Green Card
- ◆ State certification of examination and approval from the sealer of weights and measures (where applicant's business requires use of weights and measuring devices)

1. Name of Individual, Partnership (list all general partners), Corporation, or Limited Liability Company:

Permanent Address _____ City/State/Zip _____

Temporary Address _____ City/State/Zip _____

Permanent Phone # _____ Temporary Phone # _____

2. Name, address and telephone number of person, firm, association or corporation that the transient merchant represents, is employed by, or whose merchandise is being sold:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

3. Temporary address and telephone number from which business will be conducted, if any:

Address _____ City _____

State _____ Zip Code _____ Phone _____

4. Nature of business to be conducted and a brief description of the merchandise and any services offered:

5. Proposed methods of delivery of merchandise, if applicable: _____

6. Vehicle(s) to be used in Madison during conduct of business:

Make	Model	Year	License Plate Number

7. Last three cities, villages, and/or towns where applicant conducted business:

City/Village/Town	Address

8. Place(s) applicant can be contacted for at least seven days after leaving Madison.

_____ Phone Number(s) _____

9. Has applicant ever been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last five years?

___ No ___ Yes – Nature of offense & place of conviction _____

Section 2: Individual or Partnerships Only (list each partner)

Applicant Name _____
(Last, First, Middle Initial)

Birthdate _____ Height _____ Weight _____ Hair _____ Eyes _____

Applicant Name _____
(Last, First, Middle Initial)

Birthdate _____ Height _____ Weight _____ Hair _____ Eyes _____

Applicant Name _____
(Last, First, Middle Initial)

Birthdate _____ Height _____ Weight _____ Hair _____ Eyes _____

I, _____ (applicant), hereby appoint the City Clerk of Madison as agent to accept services of process in any civil action brought against me arising out of any sale of services performed by me in connection with my transient sales activities in the event I cannot, after reasonable effort, be served personally, which action shall be brought in Dane County, Wisconsin, all of which is pursuant to the requirements of the Madison General Ordinances, Section 9.17(4)(d).

SUBSCRIBED AND SWORN TO BEFORE ME:

this _____ day of _____, 20_____

Signature of Applicant

Notary Public

My commission expires _____

Section 3: Corporations or Limited Liability Companies Only

A Corporation of Limited Liability Company (LLC) which has named a current registered agent for service and process in Wisconsin through the Wisconsin Secretary of State's Office and which establishes that it is in good standing with such Office, may register in its Corporate/LLC name by an authorized agent if the Corporation/LLC uses only its own employees to transact a business for which the registration is sought.

I hereby appoint _____ as agent to accept services of process in any civil action arising out of any sale of services performed by _____ (name of Corporation or LLC), in connection with its transient sales activities and that the Corporation/LLC is in good standing with the Wisconsin Secretary of State, pursuant to the requirements of the Madison General Ordinances, section 9.17(4)(d).

SUBSCRIBED AND SWORN TO BEFORE ME:

this _____ day of _____, 20_____

Signature of Authorized Agent, Corporate Officer or LLC Member
(proof of authorization required)

Notary Public

My commission expires _____