



Transient Merchant

(exp. 12/31)

City of Madison Clerk

210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com

608-266-4601

(Number)

(scanned)

(Leg file number)

(Processing step)

(initials)

- 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)

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 # _____

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 _____

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

Address _____ City _____

State _____ Zip Code _____ Phone _____

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

Proposed methods of delivery of merchandise, if applicable:

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

_____ Phone Number(s) _____

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 _____

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Vehicle(s) to be used in Madison while doing business:

Make	Model	Year	Plate Number

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

Street Address	City/Village/Town, State, Zip Code

Individuals or Partnerships – list each partner

Applicant Name: _____ Birthdate: _____
Height _____ Weight _____ Hair _____ Eyes _____

Name _____ 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 _____

Signature

Notary Public, Dane County, Wisconsin

My Commission Expires _____

Corporations or Limited Liability Companies

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). **Proof of authorization as agent is required.**

Subscribed and sworn to before me this _____ day of _____

Authorized agent, corporate officer, LLC member

Notary Public, Dane County, Wisconsin

My Commission Expires _____