

# City of Plymouth

P.O. Box 107 Plymouth, Wisconsin  
Phone 920-893-1271 Fax 920-893-0183

## Transient Merchants Registration

**Instructions: All information must be completed in full. A driver's license or photo I.D. must be presented with this form. A \$75.00 fee is due per person at the time of application. Failure to file an application and pay the registration fee prior to engaging in sales activity will result in a fee of \$150.00 plus any applicable forfeitures. Registration shall be valid through December 31<sup>st</sup> of the year in which the application is made.**

Date \_\_\_\_\_

Receipt No. \_\_\_\_\_

1. First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Temporary Address \_\_\_\_\_

2. Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

3. Person, firm association, organization, or corporation represented or whose merchandise is being sold:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

4. Address from which business will be conducted in Plymouth:

\_\_\_\_\_

5. Please state nature of business to be conducted and description of goods/services offered. If business involves weights and measures provide State Certificate of Examination. If business involves food or clothing provide State Health Officer's Certificate. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(OVER)

**6. Proposed method of delivering goods:**

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**7. Vehicle used by applicant: Make:** \_\_\_\_\_

**Model** \_\_\_\_\_

**License No.** \_\_\_\_\_

**8. Last city and state where similar activities conducted** \_\_\_\_\_

**9. Place where applicant can be contacted for 7 days after leaving Plymouth, WI**

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**10. State crimes or ordinance violation convictions related to applicant's transient merchant business within last 5 years, giving nature of offense and place of conviction:**

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**11. I hereby appoint the Plymouth City Clerk as my agent to accept service of process in any civil action brought against me, in my absence.**

**SIGNATURE of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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*FOR OFFICE USE ONLY*

**Recommendation – Chief of Police** \_\_\_\_\_ **Date** \_\_\_\_\_

**Bureau of Consumer Protection Agency Verification Date** \_\_\_\_\_