

Village of Waunakee
 500 West Main Street
 Waunakee, WI 53597
 (608) 850-8500



**NOTE: PLEASE ALLOW 5 BUSINESS DAYS
 PRIOR TO THE EVENT FOR APPLICATION
 PROCESSING**
 \$7.00 Background Check Fee per Representative
 \$25 Daily Fee per Business

TRANSIENT MERCHANT LICENSE APPLICATION

1. BUSINESS/OWNER INFORMATION *Please complete this section for the business owner or operator.*

Last Name		First Name		M. Initial	Date Of Birth
Street Address (CURRENT)			City	State	Zip Code
Street Address (PRIOR)			City	State	Zip Code
Social Security #		Driver's License #		Driver's License State	
Telephone Number () -		Secondary Phone Number () -		Email Address	
Legal Business Name (shown on tax return)			Doing Business As (DBA) Name(s)		
Address of Company				Company Telephone () -	
WI Sellers Permit Number 456 -		FEIN (Last 4 Digits)			
If No Sellers Permit Number, Reason for Exemption*					
<input type="checkbox"/> 1 - Exempt Sales or Display Only		<input type="checkbox"/> 3 - Non-Profit Occasional Sales Exemption			
<input type="checkbox"/> 2 - Multi Level Marketing company Pays Sales Tax		<input type="checkbox"/> 4 - Exempt Occasional Sales			
Name of MLM Company: _____					
Have you been convicted of any crime or ordinance violation in this state, or any other state, substantially related to this activity within the last five (5) years?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, Nature of Offense and Date <i>attach additional sheets if necessary</i>				Place of Conviction	
Temporary Address / Location / Neighborhood where Business will be Conducted <i>attach additional sheet if necessary</i>			Dates of Operation in Village <i>attach additional sheet if necessary</i>		
Method of Delivery of Merchandise (if applicable)		Nature of Business and Brief Description of Merchandise / Service			
Last Three (3) Municipalities where company conducted Business					
1.		2.		3.	
Address where applicant can be contacted for at least Seven (7) Days after leaving the Village of Waunakee				Telephone Number () -	
ADMINISTRATIVE USE ONLY BELOW THIS LINE					
Police Department Approval			Reason for Denial, if not recommended:		
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> DOJ Complete					

2. EMPLOYEE / REPRESENTATIVE INFORMATION Please complete this section for each representative that will be conducting business on behalf of the applicant. Attach extra copies of this page (page 2) if necessary. Each representative will require a background check (\$7.00 per representative)

Last Name		First Name		M. Initial	Date Of Birth	
Street Address (CURRENT)			City		State	Zip Code
Street Address (PRIOR)			City		State	Zip Code
Social Security #		Driver's License #			Driver's License State	
Gender/Gender Identity	Height	Weight	Hair Color	Eye Color	Race	
Telephone Number () -	Secondary Phone Number () -		Email Address			
Have you been convicted of any crime or ordinance violation in this state, or any other state, substantially related to this activity within the last five (5) years?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, Nature of Offense and Date <i>attach additional sheets if necessary</i>				Place of Conviction		
ADMINISTRATIVE USE ONLY BELOW THIS LINE						
Police Department Approval <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> DOJ Complete				Reason for Denial, if not recommended:		

Last Name		First Name		M. Initial	Date Of Birth	
Street Address (CURRENT)			City		State	Zip Code
Street Address (PRIOR)			City		State	Zip Code
Social Security #		Driver's License #			Driver's License State	
Gender/Gender Identity	Height	Weight	Hair Color	Eye Color	Race	
Telephone Number () -	Secondary Phone Number () -		Email Address			
Have you been convicted of any crime or ordinance violation in this state, or any other state, substantially related to this activity within the last five (5) years?						
<input type="checkbox"/> YES <input type="checkbox"/> NO						
If yes, Nature of Offense and Date <i>attach additional sheets if necessary</i>				Place of Conviction		
ADMINISTRATIVE USE ONLY BELOW THIS LINE						
Police Department Approval <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> DOJ Complete				Reason for Denial, if not recommended:		

Application Continued on Page 3

3. Returning Permit

If approved, your permit will be EMAILED to you. You are required to have access (physical or electronic) while working in village. <input type="checkbox"/> I agree to have my permit accessible upon request during my event(s) <input type="checkbox"/> I would like to pick up a physical permit at Village Hall.	If you chose Pick Up – Provide the best phone number to contact when your permit is ready up:
Please provide the best email address to reach you at and EMAIL your permit to:	

The following items must be presented in the Clerk’s office at the time of application for the BUSINESS OWNER and EACH EMPLOYEE / REPRESENTATIVE LISTED ON THE APPLICATION:

- A. State issued driver’s license,
- B. All other appropriate permits and licenses as required by Dane County and the State of Wisconsin.

Incomplete and/or inaccurate information may lead to delayed processing.

I, _____ hereby appoint the Village Clerk or his/her agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with the direct sales activities of me, in the event I cannot, after reasonable effort, be served personally. I further agree to take full responsibility for all actions of my employees, whether positive or negative, while they are vending at events on behalf of the business listed in this application.

(Applicant Signature)

(Date)

BOTTOM PORTION FOR ADMINISTRATIVE USE ONLY

Police Department Approval: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	Reason for Denial if not recommended:	
Police Department Signature:	Date:	
Date Approved by the Village Clerk:	Date Approved by Parks (If Applicable):	Date Permit Issued:
Receipt Number:	Receipt Date:	Receipt Code: 3-308/4-401