



VILLAGE OF  
**WOODVILLE**

**APPLICATION FOR TRANSIENT MERCHANT PERMIT**

Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Vehicle being used to conduct business:

Make: \_\_\_\_\_ Model and color: \_\_\_\_\_ License plate #: \_\_\_\_\_

Name of Person, Firm, Association or Corporation that applicant represents or is employed by:

\_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of business to be conducted and a brief description of the merchandise and / or service offered:

\_\_\_\_\_  
\_\_\_\_\_

Proposed method of delivery of merchandise, if applicable: \_\_\_\_\_

Last three cities, villages, and/or towns where applicant conducted similar business just prior to this application:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Address and phone number where applicant may be contacted for at least seven days after leaving the Village:

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has applicant been convicted of any crime or ordinance violation related to your transient merchant business within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the nature of the offense and the place of conviction: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicant fees attached:

\_\_\_\_\_ \$150.00 per calendar year:

Or

\_\_\_\_\_ \$50.00 per day for \_\_\_\_\_ days (Please list dates of operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with Section 472-4 (B) "Transient Merchant Registration Procedure", of the Village of Woodville Code of Ordinances, the Village of Woodville, applicant shall furnish for examination:

1. A driver's license or some other proof of identity as may be reasonably required.
2. A state certificate of examination and approval from the Sealer of Weights and Measures where the applicant's business requires use of weighing and measuring devices approved by state authorities.
3. A state health officer's certificate where the applicant's business involves the handling of food or clothing and is required to be certified under state law, such certificate to state that the applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application for permit is made.

I certify that all information I have provided in this application is true, complete, and correct. In addition, I hereby appoint the Village President of the Village of Woodville, or his 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 my direct sales activities in the event that I cannot, after reasonable effort, be served personally.

Signature of applicant: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Permit Fee of \$ \_\_\_\_\_ paid on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Receipt #: \_\_\_\_\_

Date considered by Village President: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ **APPROVED / DISAPPROVED**

(updated 5/25/21)

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