

**CITY OF COLUMBUS
TRANSIENT MERCHANT/PEDDLERS/CANVASSERS
BUSINESS PERMIT APPLICATION**

PAYMENT DUE AT APPLICATION—PAYMENT IS NON-REFUNDABLE

Please Check One: _____ \$ 60.00/per event 30 day maximum *
 _____ \$ 30.00 record check fee per member, per event
 _____ \$ 100.00/week—Sale of Fireworks

*Only \$30 renewal fee charged, per applicant, if applied and paid for *prior* to permit expiration date - 30 day max.

Business or Organization Information:

Name _____

Address _____ City, State, Zip _____

Contact Person: _____ Phone _____

Product Description _____

Date(s) of Business Activity In The City of Columbus _____
(30 day max)

Make/Model/Year of Vehicle Being Used: _____

License Plate # _____ State License Was Issued: _____

Last Two Municipalities In Which Business Was Conducted:

Municipality: _____ County _____

State: _____ Date(s) In That Community _____

Municipality: _____ County _____

State _____ Date(s) In That Community _____

OFFICE USE ONLY

Permit #: _____

 Signature of City Clerk or designee

 Amount/Date Fee Paid

Effective Dates: _____

RENEWAL:

 Background Check done by

 Date

Renewal Date: _____

 Approved / Denied

Effective Dates: _____

 Signature of Chief of designee

 Date

Date/Amt Fee Paid: _____

Applicant Information: *each applicant*

Name _____
(First, Middle, Last - Maiden Name if applicable)

Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____ DOB _____

Driver's License # _____ (PROVIDE COPY) Wisconsin Resident _____ Y _____ N

Current Address _____

City, State, Zip _____

Home Phone _____ Mobile _____

Email Address: _____

Photo required at Columbus Police Department 159 S Ludington Street prior to issuance of permit

List all felony, misdemeanor, municipal, convictions and/or pending matters within last 5 years in this or any other state, county, municipality. If no charges, please indicate "none"

DATE	NATURE OF CHARGES	JURISDICTION	PENDING/CONVICTED/RESOLVED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Dates & Places of residence for the past 5 years:

Date	Address	City/State
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a solicitor's license suspended, revoked, or denied? _____ Y _____ N

If Yes, please list municipality and dates: _____

CERTIFICATION

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of this permit. I further understand that falsification of any information provided shall be grounds for denial or revocation of this permit. I fully understand that all state and local laws and ordinances governing transient sales and canvassing apply to this permit, and agree to abide by those laws.

I hereby authorize the City of Columbus to perform a criminal background and drivers license check. I also understand I will need a photo taken at the Columbus Police Department before the permit can be issued.

Signature _____ Date _____