



VILLAGE OF KIMBERLY PERMIT APPLICATION FOR: SOLICITORS, PEDDLERS, CANVASSERS & TRANSIENT MERCHANTS

APPLICANT - \$50.00 ASSISTANT - \$0.00 **Each must fill out an application.**
 Fee covers 1 solicitor and 1 assistant and is non-refundable.

Picture # _____ COPY of Driver's License (**FRONT AND BACK**)

SECTION 1 – BUSINESS INFORMATION

Business Name		Owner Name	
Street Address		City	State & ZIP
Type of Merchandise or Service			Business Phone Number
Has the business applied for a permit in Kimberly before?		If yes, what year?	
List the last 2 communities this business had employees working:			

SECTION 2 – Circle One **APPLICANT** OR **ASSISTANT** INFORMATION.

NOTE: If minors, proof of State Street Trade Permit must be provided pursuant to WI ACT 113

Name (Last, First, MI)		Maiden Name / AKA	
Home Address		City	State & ZIP
Driver's License Number		State that issued license	Social Security Number
Date of Birth	Sex	Home Phone	Cell Phone
Site Location or Method of Delivery:			
Vehicle Identification: Make & Color		License Plate Number & State	Insurance Co. & Policy #
Have you applied for a permit in Kimberly before?		If yes, what year?	
List the last 2 communities you've held a permit in:			
List any crime or ordinance violations you've had in the last 5 years. Additional listed on back. <input type="checkbox"/>		Status (Pending, Guilty, Dismissed)	Location & Date/Year

I, the undersigned, affirm that I have given complete and true answers and understand that my past record will be part of this application. I hereby make application to the local governing body of the Village of Kimberly, County of Outagamie, Wisconsin, for a "Solicitors, Peddlers, Canvassers, & Transient Merchants Permit".

I certify that I am familiar with the laws, ordinances and regulations, and I hereby agree, if granted said license, to obey all provisions of said laws. I understand that any false information made as part of this application may be cause for denial.

(Notary required if NOT returning application in person.)

Subscribed and sworn before me

this _____ day of _____, 20____

Applicant's Signature Date

Staff Signature as Witness Date

Notary Public Signature
My Commission Expires: _____

APPLICANT NAME: _____

Background Check Completed by: _____ Date: _____

FVMPD recommends: Approval Does Not Recommend Approval

For the dates from _____ to _____ (6 months)

Clerk / Deputy Clerk's Signature: _____

Date Issued and Mailed: _____

Additional crime or ordinance violations you've had in the last 5 years that didn't fit on front page.	Status (Pending, Guilty, Dismissed)	Location & Date/Year