

# Village • Bloomfield • Town

Village-PO Box 609 | Town-PO Box 704 | N1100 Town Hall Rd | Pell Lake, WI 53157  
(262) 279-6039 Fax: (262) 279-3545

## Direct Sellers Permit Application (Solicitors, Canvassers, Transient Merchants, Food Trucks) Fee: \$75.00

	Proof of Liability Insurance - naming the Village of Bloomfield, its employees and agents, as additionally insured.		
	Copy of Driver's License		Copy of WI DOR Sellers Permit
	Current WI State Health Certificate (food/clothing vendors)		WI State Cert. from Weights/Measurers (if applicable)

### APPLICANT

Name: \_\_\_\_\_

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

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

DOB \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

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

(Where you can be contacted for at least 7 days after leaving Bloomfield. Provide address/phone if different from above)

List all crimes, misdemeanors, or violations of municipal ordinances you have been convicted of within the last five (5) years and all penalties received for such violations, including place of conviction.

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

If business is to be conducted from a temporary location list address and phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Description of Business/Merchandise/Services: \_\_\_\_\_

If selling merchandise, how will it be delivered: \_\_\_\_\_

Vehicle to be used: Make \_\_\_\_\_ Model \_\_\_\_\_ License: \_\_\_\_\_

List the three most recent cities, towns or villages where you have conducted similar business: \_\_\_\_\_

This permit follows the Village of Bloomfield Ordinance 12.05 and I agree to comply with all rules and regulations set forth therein and that all statements made for this application are true.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only:			
Date Filed:	Amount Paid:	Received by:	Permit#
Processing Officer Approval		Date	Approved / Denied

