

Transient Merchant Sales Application

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Sex: _____ Social Security # or Fed ID #: _____

Vehicle: Year _____ Make _____ Model _____

Color _____ License# _____ State _____

Product(s) for sale: _____

At this location within the Town of St. Joseph: _____

or Door to door _____ or by appointment _____.

By signature below, I agree that the laws of the State of Wisconsin, St Croix County and the Town of St. Joseph relating to peddlers, canvassers, solicitors and/or transient merchants will be followed.

Signature of Applicant: _____ Date: _____

+++++
Rec'd by _____

ID _____

Fee Paid: