

VILLAGE OF BLOOMFIELD

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: \$50.00

	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, include place of conviction.

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

If business 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.

Applicants Signature: _____ Date: _____

Office Use Only			
Clerk Initial	Amount Paid	Date	Permit#
Processing Officer Approval		Date	Date(s) Permit is Valid