



Village of Turtle Lake Direct Seller/Transient Merchant Permit Application

114 Martin Ave East ♦ PO Box 11 ♦ Turtle Lake WI 54889 ♦ (715) 986-2241

Name of Seller:		Employee 1:	
Address:		Employee 2:	
		Address:	
Phone Number:		Phone Number:	
Location of Sale:			

DESCRIPTION OF SELLER:

Seller's Height:		Eye Color:	
Seller's Weight:		Hair Color:	
		Date of Birth:	
		DL Number:	
REQUIRED DOCUMENTATION: Driver's License, Identification Card, WI State Health Officers Certificate, Weight Cert.			
VEHICLE DESCRIPTION:		PLATE #:	

NATURE OF BUSINESS:

Last City/Village Sold:	State:		State:
List Contact Phone Number/Address w/in 7 days after leaving Turtle Lake:			

- ♦ NO SOLICITATIONS MAY BE CONDUCTED BETWEEN THE HOURS OF 9:00 p.m. AND 8:00 a.m. EXCEPT BY APPOINTMENT.
- ♦ SELLER SHALL NOT MAKE FALSE OR MISLEADING STATEMENTS CONCERNING THE QUALITY, QUANTITY OR CHARACTER OF ANY GOODS OFFERED FOR SALE, HIS/HER IDENTITY OR THE IDENTITY OF THE ORGANIZATION REPRESENTED.
- ♦ SELLER SHALL NOT IMPEDE THE FREE USE OF SIDEWALKS OR STREETS; VEHICLE SALES MUST ABIDE BY ALL TRAFFIC AND PARKING REGULATIONS.
- ♦ AMPLIFIED DEVICES ARE PROHIBITED.
- ♦ SELLERS MUST OBTAIN PERMISSION FROM PROPERTY OWNER PRIOR TO ANY SALE ON THE PREMISES.

Application Submitted:	
Sale Start Date:	
Date Approved:	
Permit Fee:	\$
Date Paid:	

I, _____, hereby certify that I have not been convicted of any crime or ordinance violation related to my transient merchant business within the last five (5) years.

Seller's Signature	Date
Agent's Signature	Date

Date Viewed (if applicable): _____

Clerk's Signature	Date
Police Chief's Signature	Date