PLEASANT PRAIRIE

Village of Pleasant Prairie

Application – Peddlers, Canvassers or Transient Merchants License

Chapter 254 Municipal Code

INSTRUCTIONS: Applicant must complete and return to the Village Clerk's Office prior to any selling or solicitation along with a non-refundable Application Fee. The duration of the license is for three (3) months from the date of issuance. A criminal background check will be conducted by the Village of Pleasant Prairie Policy Department. If more than one (1) person is soliciting in the Village of Pleasant Prairie, then a separate Application and Fee will be required. Further information is set forth in Chapter 254 of the Village Municipal Code.

FEES													
☐ Application Fee - \$30.00													
☐ Surety Bond - \$500.00 (Not a resident of Kenosha County or principal place of business is outside the State of Wisconsin)													
APPLICANT INFORMATION													
NAME (LAST, FIRST, MI)							FORMER/MAIDEN NAME						
ADDRESS Permanent Temporary, if temporary also provide permanent address.													
- F 1/2 F 1/2 F													
CITY		STATE	STATE		ZIP		TELEPHONE						
CITT		JIAIL			211		TEEET HOI						
CEV	LUSICUT	MEIGHT	FVE COLOR	LUAID COLO	D DAT	- OF DIDTH		CTATE OF DIDTH					
SEX Male	HEIGHT	WEIGHT	EYE COLOR	HAIR COLO	R DAI	E OF BIRTH		STATE OF BIRTH					
☐ Female													
DRIVER'S LICENSE					STATE OF I	SSLIANCE							
51117E11 6 E16E116E				STATE OF ISSUANCE									
Will a vehicle be us		t? 🗆 YES		S, provide the									
VEHICLE MAKE, YEAR		VEHICLE BODY STYLE AND COL				LICENSE PLA	TE NO.						
Have you been con	victed of any cr	ime, misdeme	anor, or violatio	n of Municipa	al Ordinano	e other than traff	ic violation:	s? 🗆 YES 🗆 NO If YES,					
describe.													
EMDI OVER/EI	RM/ASSOC	IATION/CO	ORDORATION	N.									
EMPLOYER/FI	•	•		N	CONTACT	NAMF							
EMPLOYER/FI NAME OF EMPLOYER,	•	•		N	CONTACT	NAME							
NAME OF EMPLOYER,	•	•		N	CONTACT	NAME							
•	•	•		N	CONTACT	NAME							
NAME OF EMPLOYER,	•	•		N	CONTACT	NAME							
NAME OF EMPLOYER,	•	•		N	CONTACT	NAME	TELEPHON	JE					
NAME OF EMPLOYER,	•	ION/CORPORAT		N		NAME	TELEPHON	VE					
NAME OF EMPLOYER, ADDRESS CITY	/FIRM/ASSOCIATI	ION/CORPORAT		N		NAME	TELEPHON	NE					
NAME OF EMPLOYER, ADDRESS CITY NATURE OF BI	/FIRM/ASSOCIATI	STATE			ZIP								
NAME OF EMPLOYER, ADDRESS CITY NATURE OF BU 1. Is the company	/FIRM/ASSOCIATI USINESS a Charitable Or	STATE ganization?	ION	O If YES, p	ZIP provide pro			NE 0 §202.22 Wis. Stats.					
NAME OF EMPLOYER, ADDRESS CITY NATURE OF BU 1. Is the company	/FIRM/ASSOCIATI USINESS a Charitable Or	STATE ganization?	□ YES □ N	O If YES, p	ZIP provide pro								
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ADDRESS CITY NATURE OF BI 1. Is the company 2. Describe goods	USINESS a Charitable Or to be sold and/	STATE ganization? 'or services to	□ YES □ No be provided incl	O If YES, r ude brand na	ZIP provide pro mes.	of of registration	pursuant to) §202.22 Wis. Stats.					
NAME OF EMPLOYER, ADDRESS CITY NATURE OF BI 1. Is the company 2. Describe goods 3. Are you selling to	USINESS a Charitable Or to be sold and/	STATE ganization? or services to	☐ YES ☐ No be provided incl	O If YES, μ ude brand na	zip provide pro mes. permit issu	of of registration	pursuant to	o §202.22 Wis. Stats. h Department					
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REFERENCES -							
Provide Name and Addresses of two (2) references.							
NAME (LAST, FIRST, MI)		ADDRESS, CITY, STATE, ZIP					
Dravida Names and Addresses of three (2) local must	isinalities where the s	lame type of business was conducted as requested in this application prior to					
the date of this application.	cipalities where the so	affile type of business was conducted as requested in this application prior to					
NAME OF MUNICIPALITY		ADDRESS, CITY, STATE, ZIP					
SIGNATURE (sign before a Notary Public)							
knowledge and belief; that I am aware of the praware that any false statement or answer on	ovisions of Chapter this application voi	truthfully answered all questions contained herein to the best of my 254 Municipal Code and agree to abide by its conditions; and that I am ds the license on the basis of the facts herein contained, if issued. I easant Prairie Police Department to conduct a background check as it					
SIGNATURE ►		DATED ►					
Subscribed and Sworn to before me this day of, 20							
Notary Public, Kenosha County, State of Wiscon Expires: • A Peddler/Solicitor must have a license on the							
 A Peddler/Solicitor is prohibited from calling a appointment. You may be required to produce a state certife 	at any dwelling or ot ication from the Sea ication from the He	alth Officer if the business involves the handling of food and/or					
RETURN TO							
Village Clerk's Office Village Hall 9915 39 th Avenue Pleasant Prairie, WI 53158 (262) 694-1400							
POLICE – BACKGROUND CHECK							
□ NO RECORD □ RECORD	DATE CHECKED						
ВУ							
REMARKS							
OFFICE USE ONLY							
□ APPROVED □ REJECTED							
DATE							
LICENSE NO.							

Peddlers, Canvassers or Transient Merchants License Rev. 1/2018