

TOWN OF IXONIA

Mobile Merchant/Direct Sellers Application Application Fee is Non-Refundable

Circle One: Daily \$5.00 (per day) Six Month \$25.00 Twelve Month \$50.00 REQUIRED Application Fee \$25.00				
1. Full Legal Name Date of Birth: / /				
Address:	Phone:			
City: State:	ZIP: I	Former Name:		
Driver's License Number:	Height: Weight:			
Email:			-	
Prior Street Address (if above address is less than 5 years) Cit		y, State	From	То
2. Have you ever been convicted of a crime, misdeameanor or vi	olation other than tr	raffic citations? YES	S NO	
If yes, please identify where and when they occurred.				
Type of Arrest, Summons or Violation or Charge		Month/Year	City	State
3. Proposed location where business will be conducted.				
4. Hours of Operation:				
5. Nature of proposed business / products for sale.				
6. Cities, Villages or Towns where you last conducted business?				
7. Vehicle Information (Make, Model, Color, License Plate)				
8. The following items must be presented at time of application.				
b . Valid State Issued Driver's License or Photo Identification.				
c. Proof of approval of health and sanitation by County, State or Federal agencies as required.				
d. Proof of liability and contractual liability policy in the amount of one million dollars \$1,000,000.				
e. Applicant shall comply with WI Safety & Prof Services Chapter 314, Fire Prevention and National Fire				
Protection Associations, Chapter 1, Fire Code.				
Certification: I hereby certify that the information on this applica inaccurate, misleading, or false answer constitutes sufficient reast Further, I understand that this license is only valid within the city Licensees are required to exhibit their license during hours of open	son for rejection, de limits of Fort Atkins	nial, non-renewal, or rev		license.
Date: Signature of Applicant:				
Fee Paid:		Office Use only		
License #:		Approve: Deny:		
		Notes:		
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