

Fee: \$25.00

TOWN OF MERTON
W314N7624 Hwy 83; P.O. Box 128
(262) 966-2651



SOLICITOR'S PERMIT

Business: _____

Business Address: _____

Phone: _____

Temporary Address & Phone Number from which business will be conducted (if applicable): _____

Nature of Business to be conducted and a brief description of the goods or services offered: _____

Proposed method of delivery of goods (if applicable): _____

Dates & Time business will be conducted: _____

Make, Model & License Plate Number of vehicle(s) used to conduct your business: _____

List the last three municipalities where you conducted your business:

1. _____

2. _____

3. _____

Name of Solicitor: _____

Address: _____

Phone: _____

Temporary Address & Phone Number (if applicable): _____

Date of Birth: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Driver's License#: _____

Where can you be contacted for at least seven (7) days after leaving the Town:

Address: _____

Phone: _____

Have you been convicted of any crime or ordinance violation against you which relate to your type of business activities within the last five (5) years:

Yes

No

If yes, state the nature of the offense and the place of conviction: _____

Present To The Clerk:

Proof of identity (driver's license, state ID) _____

A State Certificate of Examination & Approval if business involves weights & measures:

A State Health Officer's Certificate if business involves the handling of food or clothing:

Signature of Applicant

Date

Subscribed and sworn to before me
this _____ day of _____, 20 _____

Town Clerk, Town of Merton

Sheriff's Dept.