



City Clerk's Office

211 Walnut Street, P.O. Box 426, Neenah, WI 54957-0426

Phone: (920) 886-6100 Fax: (920)886-6109

CITY OF NEENAH, WISCONSIN
SOLICITOR, PEDDLER/TRANSIENT MERCHANT PERMIT

Application Date: _____

Cost: [] \$25.00 original license
[] \$15.00 renewal

- [] Mail Approved License
[] Call when approved

Receipt Number: _____
License Expiration Date: Dec. 31, _____

DRIVERS LICENSE INFORMATION:

Drivers License Number: _____

Name (First, Middle, Last): _____

Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Telephone: () _____ Cell Phone: () _____

TEMPORARY ADDRESS:

Address: _____
Street City State Zip

DESCRIPTION OF VEHICLE TO BE USED:

Make/Model License No.

REPRESENTING: _____
(Organization or Company Name)

Organization or Company Address:

Street City State Zip

Contact Name: _____

Telephone Number: _____

Nature Of Business & Description Of Goods: _____

Business To Be Conducted From: _____

Method Of Delivery: _____

Last Three Municipalities Where Business Was Conducted By Employer:

1. _____
2. _____
3. _____

Location Applicant Can Be Contacted After Leaving Neenah, Wisconsin: _____

Has Applicant Ever Been Convicted Of Any Crime Or Ordinance Violation Related To Applicant's Business During The Last 5 Years? Yes No

If Yes, Provide Nature Of Violation And Place Of Conviction: _____

- I certify that I have no delinquent taxes, assessments or other claims in whole or part owed to the City nor any delinquent forfeiture resulting from a violation of any City Ordinance.
- I the undersigned hereby swear or affirm that I have completed this application in a true and correct manner and understand the ordinance of the City of Neenah, Wisconsin.
- I understand that this permit is subject to the conditions of future Special Event Agreements pursuant to Code Sec. 4-206 and Chapter 14 Article V.
- I, the applicant for this license/permit hereby consent to the release of my customer information to the City of Neenah from the Neenah Utilities for the purpose of processing my application.

Date

Signature of Applicant

FOR OFFICE USE ONLY

BACKGROUND AND DELINQUENT PAYMENTS OWED:

Court Fines

YES NO

If yes, please list: _____

Personal Prop/Real Estate Taxes

YES NO

If yes, please list: _____

Parking Tickets, Water Bills, Misc.

YES NO

If yes, please list: _____

Police Background Check

YES NO

If yes, please list: _____

CCAP

YES NO

If yes, please list: _____

Application: **Approved**
 Denied

Reason for denial: _____

Signature of Clerk/Deputy Clerk

Date