



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

Code: XM

Call when approved

Receipt Number: _____

License Expiration Date: Dec. 31, _____

DRIVERS LICENSE INFORMATION:

Drivers License Number: _____

Name (First, Middle, Last): _____

Address: _____

Street

City

State

Zip

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 (Location): _____

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