

DATE: _____

FEE: \$18.00 Primary Applicant Fee, plus \$2.00
CIB Investigation Fee. Each assistant shall also
be required to pay a \$2.00 CIB Fee.



Village of Fredonia

242 Fredonia Avenue P.O. Box 159 Fredonia, WI 53021

Phone (262) 692-9125 Fax (262) 692-2883

www.village.fredonia.wi.us

PEDDLER-SOLICITORS & TRANSIENT MERCHANTS APPLICATION FOR LICENSE

Applicant's Name: Last: _____ First: _____ Middle Initial: _____

Applicant's Driver's License Number: _____ Date of Birth: _____

Permanent Address: _____

Temporary Address: _____

Home Phone Number: _____ Employer's Name: _____

Employer's Address: _____

Employer's Phone Number: _____ Length of Service with Employer: _____

Describe nature of business to be conducted, description of merchandise or service offered, and method of delivery:

Make, model and license number of vehicle to be used: _____

List last three cities, villages or towns of operation: _____

Address and phone number where applicant can be contacted for at least seven days after leaving this village:

Have you ever been convicted of any crime or ordinance violation within the last five years? If yes, please explain the nature of the offense: _____

Length of time necessary to complete work in the village: _____

Hours of the day you will be working in the village: _____

DESCRIPTION OF APPLICANT: Male _____ Female _____ Date of Birth: _____ Height: _____ Weight: _____
Hair Color: _____ Eye Color: _____

Signature of Applicant: _____

License valid for a period of 30 days from date of issuance, subject to subsequent refusal as provided in Sec. 7-4-5 (b)

There will be a 5 day waiting period for the Village Marshal to complete the investigation process.

Date Issued: _____ Date of Expiration: _____ Check #: _____

Application Approved by: _____

(Village Marshal)