VILLAGE OF HOLMEN
APPLICATION FOR ITINERANT VENDORS LICENSE

DATE OF APPLICATION: _____

APPLICANT'S NAME: _____ BIRTH DATE: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____ PHONE NO. _____

TEMPORARY ADDRESS: _____ PHONE NO. _____

AGE: _____ HEIGHT _____ WEIGHT _____ COLOR: EYES _____ HAIR _____

DESCRIPTION OF VEHICLE: MAKE _____ MODEL _____ YEAR _____

COLOR _____ LICENSE PLATE NO. _____ STATE _____

REGISTERED OWNER OF VEHICLE _____

COMPANY REPRESENTED: _____ PHONE NO. _____

PERMANENT ADDRESS OF COMPANY: _____

TEMPORARY ADDRESS OF COMPANY (IF ANY): _____PHONE NO _____

TYPE OF BUSINESS TO BE CONDUCTED: _____

GOODS OFFERED FOR SALE: _____ PROPOSED METHOD OF DELIVERY OF

GOODS TO BE SOLD: _____

LIST LAST 3 PLACES APPLICANT CONDUCTED SIMILAR BUSINESS:

1._____ 2. _____ 3. _____

HAS APPLICANT BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO THIS BUSINESS WITHIN THE PAST 5 YEARS? _____

IF YES, NATURE OF OFFENSE: _____

PLACE OF CONVICTION: _____

APPLICANT HEREBY APPOINTS CLERK OF VILLAGE OF HOLMEN AS HIS/HER AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST THE APPLICANT ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY THE APPLICANT IN CONNECTION WITH THE DIRECT SALES ACTIVITIES OF THE APPLICANT, IN THE EVENT THE APPLICANT CANNOT, AFTER REASONABLE EFFORT, BE SERVED PERSONALLY.

SIGNATURE OF APPLICANT: _____ DATE: _____

PLEASE PRESENT TO THE CLERK FOR EXAMINATION' THE FOLLOWING (IF APPLICABLE):

1. DRIVER'S LICENSE OR OTHER PROOF OF IDENTITY.
2. STATE CERTIFICATE OF EXAMINATION AND APPROVAL FROM SEALER OF WEIGHTS & MEASURES WHERE BUSINESS REQUIRES USE OF THESE DEVICES.
3. STATE HEALTH OFFICER'S CERTIFICATE WHERE BUSINESS INVOLVES THE HANDLING OF FOOD OR CLOTHING AND IS REQUIRED TO BE CERTIFIED UNDER STATE LAW (FREE FROM CONTAGIOUS DISEASE.)

REGISTRATION FEE OF $30.00 PER PERSON IS PAYABLE AT TIME OF APPLICATION. LICENSES ISSUED WITHIN 7 DAYS. LICENSE ISSUED WILL BE GOOD FOR BALANCE OF CALENDAR YEAR UNLESS TERMINATED BY VILLAGE BOARD. PLEASE REFER TO SECTION 169.7 REGULATIONS ATTACHED. NO SALES AFTER 9:00 P.M. OR BEFORE 9:00 A.M. EXCEPT BY APPOINTMENT.

APPROVED BY: _____ FOR HPD. DATE: _____