CITY OF PEWAUKEE
PEDDLER'S PERMIT APPLICATION

DATE: _____

_____
NAME LAST FIRST MIDDLE

_____
HOME ADDRESS CITY STATE ZIP

_____ _____ _____
DATE OF BIRTH **TELEPHONE NUMBER** **DRIVER'S LICENSE NUMBER**

_____ _____
NAME OF BUSINESS CONDUCTING DOOR TO DOOR SALES **TELEPHONE NUMBER**

_____
ADDRESS OF BUSINESS CITY STATE ZIP

_____ _____ _____
SUPERVISOR NAME **SUPERVISOR TELEPHONE NUMBER** **BUSINESS WEBSITE ADDRESS**

APPLICANT HEREBY APPLIES FOR A PERMIT TO: _____

FOR PERIOD COMMENCING: _____ AND ENDING: _____

THE PERMIT WILL BE USED OR EXERCISED ON THE FOLLOWING PREMISES (INCLUDE SUBDIVISION NAME):

_____

I, _____, BEING FIRST DULY SWORN, ON OATH, STATE THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF, AND THAT THE SAME IS TRUE OF MY OWN KNOWLEDGE AND I WILL COMPLY WITH ALL CITY REQUIREMENTS AND ORDINANCES RELATED TO THIS APPLICATION. I UNDERSTAND THAT DOOR TO DOOR CONTACT IS PROHIBITED BETWEEN THE HOURS OF 7PM AND 9AM. FURTHERMORE, I UNDERSTAND THAT I MUST SUCCESSFULLY PASS A BACKGROUND CHECK PRIOR TO ANY PERMIT BEING APPROVED.

_____
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME
THIS _____ DAY OF _____, 20____

_____
NOTARY PUBLIC, STATE OF WISCONSIN MY COMMISSION EXPIRES _____

COMMENTS OF SHERIFF'S DEPARTMENT: _____

_____

_____
SIGNATURE OF SHERIFF'S LIEUTENANT

FEES:

APPLICATION FEE	$ 10.00
PER DAY	$ 20.00
PER WEEK	$ 100.00
PER MONTH	$ 250.00
PER YEAR	$ 1,000.00