Fee: $100/day

VILLAGE OF LOMIRA

TRANSIENT MERCHANT APPLICATION

Office Use Only:
Date Filed: _____
Initials: _____
Date Issued: _____

Applications must be approved by the Village Board prior to conducting business. Regular meeting sof the Village Board are the second Wednesday of each month at 7pm.

Business Name: _____ FEIN: _____

WI Seller's Permit #: _____

Business Address: _____

Applicant: _____
Last name First name Middle name

Driver's License or ID copy attached ☐ **and** Applicant's Report – Police Record copy attached ☐
Applicants under the age of 16 must also supply a worker's permit – attached ☐

Residing address: _____

Email: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____ Social Security #: _____
(MM/DD/YYYY)

Race: _____ Gender: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Are you selling food? ☐ Yes ☐ No **If selling food, a copy of the WI Health License is required.**

Describe the food, beverages, merchandise or services to be sold or ordered: _____

_____

Vehicle Make & Model: _____ Year & Color: _____ Plate #: _____

If no vehicle is used, how will business be conducted? (example – by foot or bicycle) _____

_____

List the 3 cities where you last conducted similar business: _____

_____

Over →

Dates in which you plan to conduct business within the Village of Lomira: _____

_____

I hereby appoint the municipal clerk for the Village of Lomira, or her agent, to accept service of process in any civil action brought against me in connection with direct sales activities if I cannot, after reasonable effort, be personally served. I hereby certify that I am the applicant named in the foregoing application, and I have read each and every question and answered each and every question truly, correctly, and completely, under penalty of law for failure to do so.

Applicant's Signature: _____ Date: _____

VILLAGE OF LOMIRA

APPLICANT'S REPORT – POLICE RECORD

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY, STATE ZIP

DATE OF BIRTH: _____ DRIVER'S LICENSE #: _____
(MM/DD/YYYY)

LICENSE APPLIED FOR: _____

Applicant must truly, correctly, and completely answer the following questions, or in the alternative, subject themselves to the penalties per law enforcement. In the event the information is untrue, incorrect and/or incomplete it will be denied.

Have you ever been convicted of a major crime (felony) or minor crime (misdemeanor) I Wisconsin, or in any other State; or do you have a charge pending at this time? ☐ Yes ☐ No If yes, state: charge, year, result:

_____

Have you ever been convicted of violating a municipal or county ordinance in Wisconsin or in any state; or do you have a charge pending at this time? ☐ Yes ☐ No If yes, state: charge, year, result: _____

_____

Have you ever served time; or have been sentenced to serve time in jail or prison in Wisconsin or any other State? ☐ Yes ☐ No If yes, explain: _____

_____

Have you ever had your driver's license suspended or revoked in Wisconsin or any other State? ☐ Yes ☐ No
If yes, explain: _____

_____

Have you received any citations in Wisconsin or any other State within the past five (5) years; or do you have any such citations pending? ☐ Yes ☐ No If yes, state: charge, year, result _____

_____

Have you within the past five (5) years, while operating a business or engaged in a profession, been convicted of any state or federal charges; or do you have charges pending at this time involving unfair trade practices, unethical conduct or discrimination? ☐ Yes ☐ No If yes, state: charge, year, result _____

Over →

_____

List the name and addresses of all employers for which you have worked and/or businesses you have operated in the past five (5) years: _____

_____

List all addresses at which you have lived in the past five (5) years: _____

_____

Applicant's Signature: _____ Date: _____

BACKGROUND CHECK AUTHORIZATION

In the interest of maintaining the safety and security of our customers, employees, and property, Village of Lomira (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes. Dodge County Sheriff's Office will conduct a background check and will prepare the background report for the Company.

The Dodge County Sheriff's Office can be reached by phone at or at their internet website address. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries.

Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.)

The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the Dodge County Sheriff's Office or another outside organization. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Village of Lomira at (920) 269-4112.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in A Summary of Your Rights Under the Fair Credit Reporting.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Dodge County Sheriff's Office and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Dodge County Sheriff's Office without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

First Name _____ Last Name _____ MI _____

Signature of Releasor:

_____ Date: _____