

Fee: \$100/day/person

VILLAGE OF *LOMIRA*  
PEDDLER PERMIT

Office Use Only:

Date Filed: \_\_\_\_\_

Initials: \_\_\_\_\_

Date Issued: \_\_\_\_\_

There will be a 72 hour waiting period, not including Saturday, Sunday or Holidays before the license will be considered. During this time, the Lomira Police Department will investigate this application and then must be approved by the Village Board. Village Board meets twice per month.

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 18 must also supply a worker's permit – attached

Residing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Provide 2 identical color photographs taken within the last 6 months: attached

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) \_\_\_\_\_

Bicycle license #: \_\_\_\_\_ Bicycle Make & Model: \_\_\_\_\_

List the 3 cities where you last conducted similar business: \_\_\_\_\_

List 3 cities you will conduct similar business in **after** the Village of Lomira: \_\_\_\_\_

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

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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) in 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 \_\_\_\_\_

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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: \_\_\_\_\_

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

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Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_