



**TOWN of TROY**  
 654 Glover Road, Hudson, WI 54016  
 Phone: (715)425-2665 Fax: (715)425-2551

**PERMIT APPLICATION FOR TRANSIENT MERCHANT SALES AND SOLICITATION**



APPLICATION FEE: **\$75** PERMIT#: \_\_\_\_\_  
 INVESTIGATION FEE: **\$40 PER INDIVIDUAL**

RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_



If more than one person from a company will be selling, each person must fill out a registration application and **pay fees**.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
FIRST FULL MIDDLE LAST

PERMANENT ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_  
 DRIVERS LICENSE # \_\_\_\_\_ (ATTACH COPY)  
 SOCIAL SECURITY # \_\_\_\_\_  
 COLOR OF HAIR \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_



**CIRCLE ONE:**

Person, Firm/Company, Association or Corporation you represent in conducting sales activity or solicitation in the Town of Troy:

NAME \_\_\_\_\_  
 PERMANENT ADDRESS \_\_\_\_\_  
 TEMPORARY ADDRESS \_\_\_\_\_  
 PHONE NUMBER (provide all from which sales or solicitations will be conducted) \_\_\_\_\_

NATURE OF SALES OR SOLICITATIONS TO BE CONDUCTED AND A BRIEF DESCRIPTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PROPOSED DATES AND TIMES OF SALES AND/OR SOLICITATIONS: \_\_\_\_\_

\_\_\_\_\_

WISCONSIN SELLERS PERMIT # (attach copy) \_\_\_\_\_

PROPOSED METHOD OF DELIVERY OF GOODS, IF APPLICABLE, INCLUDING DELIVERY DATES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VEHICLES TO BE USED IN THE CONDUCT OF SALES AND SOLICITATIONS:

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ /COLOR \_\_\_\_\_

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ /COLOR \_\_\_\_\_

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ /COLOR \_\_\_\_\_

LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

LAST THREE CITIES, VILLAGES OR TOWNS WHERE APPLICANT HAS CONDUCTED SIMILAR SALES AND/OR SOLICITATIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLACES WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST 7 DAYS AFTER LEAVING THE TOWN:

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ CELL \_\_\_\_\_

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STATEMENT AS TO WHETHER APPLICANT HAS BEEN CONVICTED OR ANY CRIME OR ORDINANCE VIOLATIONS RELATED TO APPLICANT'S SALES OR SOLICITATION OR OTHER DIRECT SELLER/TRANSIENT ACTIVITIES WITHIN THE LAST 5 YEARS. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ hereby submit to both the personal and the subject matter jurisdiction of the St. Croix County Circuit Court with reference to all activity undertaken by me or my employer in the Town of Troy and I hereby authorize the Clerk/Treasurer for the Town of Troy to accept service of process on my behalf in any civil action brought against me or my employer and arising out of any sale, service performed or solicitation in connection with my Transient Merchant Sales or Solicitation in the event that I cannot, after reasonable effort, be served personally.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

**BE PREPARED TO PRESENT THE FOLLOWING:**

- Driver’s license or proof of identity with photo ID
- Copy of current Wisconsin Sellers Permit
- Copy of Health Inspection Certificate, if applicable

**REGULATIONS – PROHIBITED PRACTICES:**

TRANSIENT SELLERS AND SOLICITORS ARE PROHIBITED FROM:

- 1) Calling any dwelling or other place between the hours of 8:00pm and 9:00am, except by appointment.
- 2) Calling at any dwelling or other place where a sign is displayed bearing the words “No Peddlers” or “No Solicitors” or words of similar meaning.
- 3) Calling at the rear door of any dwelling place.



NOTE: PLEASE ALLOW A MINIMUM OF 72 HOURS FOLLOWING SUBMISSION OF A COMPLETE APPLICATION WITH FEE FOR THE RETURN OF THE WISCONSIN DEPARTMENT OF JUSTICE INVESTIGATION RESULTS.

PERMIT APPLICATION AND INVESTIGATION RESULTS REVIEWED AND PERMIT:

(     ) APPROVED     (     ) DENIED

\_\_\_\_\_  
CLERK SIGNATURE

\_\_\_\_\_  
DATE