



# City of La Crosse, Wisconsin

## APPLICATION FOR MOBILE SELLER

(Ch. 10, Article XVI)

Check One:

- Direct Seller –door-to-door sales or sales on a public way
  - 90-Day Temporary Permit Dates: \_\_\_\_\_
  - Annual For period January 1, \_\_\_\_ to December 31, \_\_\_\_  
(Note: door-to-door sales not eligible for annual permit)
- Transient Merchant – sales from fixed location
  - 90-Day Temporary Permit Dates: \_\_\_\_\_
  - Annual For period January 1, \_\_\_\_ to December 31, \_\_\_\_
- Check this box if this is a renewal or you have previously held this license.

Fee: \$ \_\_\_\_\_ +\$10/ID Badge for Door-to-Door Sellers Invoice No. \_\_\_\_\_

**Applications must be received in the City Clerk’s Office at least fifteen (15) days in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing. A separate license is required for each transient merchant location.**

**DWD Certificate of Registration: [ ] Required [ ] Provided on \_\_\_\_\_ [ ] Stamped on \_\_\_\_\_**

**BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC that Applicant Represents, is Employed By, or Whose Food is Being Sold.**

<b>Legal/Real Name of Business:</b>	<b>Trade Name:</b>	<b>Years in Business:</b>
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<b>Address of Above:</b> Street _____	City _____	State _____	Zip Code _____
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<b>Telephone Number:</b> _____	<b>Website:</b> _____
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**APPLICANT INFORMATION – Person in Charge**

<b>Name:</b> First _____	Full Middle _____	Last _____
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<b>Permanent Address:</b> Street _____	City _____	State _____	Zip Code _____
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<b>Temporary/Local Address:</b> Street _____	City _____	State _____	Zip Code _____
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<b>Telephone Number:</b> _____	<b>Email:</b> _____
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**\*The attached Personal Data Sheet must be completed for each officer/member of business, person in charge, individuals going door-to-door.\***

**NATURE OF BUSINESS**

**Description of Vehicle used by Applicant in the Conduct of Business:**

(License #) \_\_\_\_\_ (Year) \_\_\_\_\_ (Make) \_\_\_\_\_ (Model) \_\_\_\_\_

**Nature of business to be conducted and a brief description of the goods offered or services:**

**Proposed method of delivery of goods, if applicable.**

**DATES, TIMES, LOCATION(S) WHERE BUSINESS WILL BE CONDUCTED**

*Note: If on private property, written authorization from property owner is required.*

DATES	TIMES	LOCATIONS

**MUNICIPALITIES WHERE APPLICANT HAS CONDUCTED SIMILAR BUSINESS**

Date _____	Where _____
Date _____	Where _____
Date _____	Where _____
Date _____	Where _____
Date _____	Where _____

The above hereby makes application for a Mobile Seller License within the City of La Crosse pursuant to Chapter 10, Article XVI of the Code of Ordinances of the City of La Crosse.

Under penalty provided by law, applicant certifies the above information is true, correct, and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state and federal laws in the conduct of the activities for which permit may be granted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**The issuance of a Mobile Seller License is conditional at all times. A permit may be revoked, suspended, or not renewed for violation of any provision of this chapter, or a violation of a statute, ordinance, or regulation substantially related to the permitted activity or when necessary to protect the public health, safety, or welfare; or to prevent a nuisance from developing or continuing.**

**PHOTOCOPIES OF THE FOLLOWING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:**

- Photocopy of driver license for any individual going door-to-door.  
(photo will be used for ID badge)
- WI Seller's Permit Number \_\_\_\_\_  
(Must be in the same legal/real name as applicant or business and a photocopy must be provided to the City Clerk's Office.)
- Vehicle Certificate of Registration/Licensing, if applicable.
- A local certificate of examination/approval from the sealer of weights & measures, if applicable.
- Certificate of Insurance along with a photocopy of the endorsement naming City of La Crosse as additional insured (a statement alone on the Certificate is not sufficient).
- Written authorization of the property owner(s) where business will be conducted, if applicable.
- Written authorization if selling within 100 feet of a permanent retail merchant during its operating hours. See 10-758(b)(12) La Crosse Municipal Code.

**OFFICE USE ONLY**

Date Received in the City Clerk's Office:	Issue Date:	License #:
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Legal/Real Name:	Trade Name:
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## Personal Data Sheet for Officers/Members/Directors of a business entity Person in Charge, Individual Sellers

<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	
<b>Name: First</b>	Middle	Last	Alias/Former Name
<b>Home Address: Street</b>		City	State    Zip Code
<b>Phone Number:</b>	<b>Email:</b>	<b>Date of Birth: (mm/dd/yyyy)</b>	