



City of La Crosse, Wisconsin

APPLICATION FOR FARMERS MARKET OR TRADE SHOW

(Ch. 10, Article XVI)

Check One:

Farmers Market Trade Show

For period January 1, _____ to December 31, _____

Check this box if this is a renewal or you have previously held this license.

Date Received: _____ Fee: \$ _____ 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.

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC

| | | |
|-------------------------------------|--------------------|---------------------------|
| Legal/Real Name of Business: | Trade Name: | Years in Business: |
|-------------------------------------|--------------------|---------------------------|

| | | | | |
|-----------------|--------|------|-------|----------|
| Address: | Street | City | State | Zip Code |
|-----------------|--------|------|-------|----------|

| | |
|--------------------------|-----------------|
| Telephone Number: | Website: |
|--------------------------|-----------------|

APPLICANT INFORMATION – Manager/Person in Charge

| | | |
|--------------------|-------------|------|
| Name: First | Full Middle | Last |
|--------------------|-------------|------|

| | | | | |
|-----------------|--------|------|-------|----------|
| Address: | Street | City | State | Zip Code |
|-----------------|--------|------|-------|----------|

| | |
|--------------------------|---------------|
| Telephone Number: | Email: |
|--------------------------|---------------|

The attached Personal Data Sheet must be completed for each officer/member of business and manager/person in charge

NATURE OF BUSINESS

Location of sales:

Dates of sales, if on a regular schedule:

Brief description of the goods offered or services:

The above hereby makes application for a Farmers Market or Trade Show License within the City of La Crosse pursuant to Chapter 10, Article XVI of the Code of Ordinances of the City of La Crosse.

I understand that as license holder, I must collect the following information from each individual seller operating under this license:

- Name, permanent address, and telephone number and temporary address of applicant, if any.
- Name, address, and telephone number of the person, firm, association, or corporation that said person represents or is employed by, or whose merchandise, services, or donations are being taken for.
- Place where the applicant can be contacted for at least six (6) months after leaving the City of La Crosse.
- Nature of business to be conducted and a brief description of the goods offered or services, if any.
- Proposed method of delivery of goods, if applicable.
- A Wisconsin seller's permit as required by Wis. Stats. sec. 77.52.

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 Farmers Market and Trade Show 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:

- 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.

| OFFICE USE ONLY | | |
|---|-------------|------------|
| Date Received in the City Clerk's Office: | Issue Date: | License #: |

| | |
|------------------|-------------|
| Legal/Real Name: | Trade Name: |
|------------------|-------------|

Personal Data Sheet for Officers/Members/Directors of a business entity Manager/Person in Charge

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