



**Marathon City – Licensing
Committee**

311 Walnut Street PO Box 487
Marathon City, WI 54448
(715) 443-2221

Application Accepted:	
Accepted by:	
Review Date:	
Approval Date:	

TRANSIENT MERCHANT (PEDDLERS) LICENSE APPLICATION

Applicant Name:		Phone Number:
Mailing Address:		
Email Address:		
GENERAL INFORMATION		
This is for: (Check Applicable) <input type="checkbox"/> New License		
Driver's License Number:		Issuing State:
Vehicle Year, Make, Model, Color:		
Company Represented:		
Company Address:		
Company Phone:		
Applicant's Supervisor:		
Product / Service:		
Delivery Method:		Time Between Purchase and Delivery:
Describe Sales Method Used:		
Length of Time Sales Will Be Made in Marathon City:		
Have you been convicted of any felony or violation of any law of the State of Wisconsin or of the United States?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Date of Conviction:		Name of Court:
If Yes, Nature of Felony :		

General Application Requirements		
Applications will not be accepted until the application has met with Village Staff to review the application and determine if all necessary information has been provided. All information from the check list below must be included.		
<input type="checkbox"/> Complete Attached Information Sheet	<input type="checkbox"/> Provide \$50.00 Application Fee (non-refundable), payable to the Village of Marathon City	

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of Marathon City to contact listed individuals for the purpose of collecting information to be used as part of the license review process. I further agree to withdraw this application if substantive false or incorrect information has been included.

Applicant Signature: _____

Date: _____