

CITY OF MERRILL
APPLICATION FOR TRANSIENT MERCHANT PERMIT

(Separate application required for each individual)

NAME _____ DATE OF BIRTH _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

PERMANENT ADDRESS _____

TEMPORARY ADDRESS (IN AREA) _____

APPLICANT'S DRIVER LICENSE NUMBER _____ AND EXP. DATE _____

TYPE, MAKE & YEAR OF VEHICLE _____ LICENSE NUMBER _____

PLACE OF RESIDENCE FOR THE PREVIOUS TWO YEARS _____

NAME & ADDRESS OF ORGANIZATION _____

ORGANIZATION CONTACT & TELEPHONE NO. _____

LOCATION OF BUSINESS _____

NATURE OF BUSINESS _____

DATES FOR USE OF PERMIT _____

(License is valid for one year from date of issue)

GENERAL DESCRIPTION OF GOODS TO BE SOLD _____

MERCHANDISE DELIVERY METHOD _____

ADDRESS & TELEPHONE NO. FOR CONTACT FOR SEVEN (7) DAYS AFTER APPLICANT DEPARTS MERRILL:

LIST LAST THREE CITIES, VILLAGES OR TOWNS WHERE YOU CONDUCTED SIMILAR BUSINESS PRIOR TO MERRILL

_____, _____, _____

HAVE YOU BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION IN THE LAST FIVE YEARS RELATED TO YOUR BUSINESS? _____ YES _____ NO. IF YES, PLEASE LIST CHARGE(S) AND LOCATION(S):

PLEASE REMIT AN APPLICATION FEE OF \$50.00 WITH THIS APPLICATION

BY MY SIGNATURE BELOW, I (THE APPLICANT) CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE. I ALSO CONSENT TO THE APPOINTMENT OF THE MERRILL CITY CLERK AS MY AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION ARISING OUT OF ANY SALE OF SERVICE PERFORMED BY ME IN CONNECTION WITH THE ACTIVITIES OUTLINED IN THIS APPLICATION.

SIGNATURE OF APPLICANT

DATE

WITHIN FIVE DAYS AFTER DATE OF FILING APPROVED _____ OR DENIED _____

SIGNATURE OF POLICE CHIEF

DATE