



CITY OF BRILLION

Application
for
Transient Merchant Permit

Date: _____ Fee: _____

Name: _____ Phone #: _____
last first middle

Address: _____
Street/Box # City St. Zip

D.O.B.: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Drivers License #: _____

Name of Business: _____ Phone #: _____

Business Address: _____
Street/Box # City St. Zip

Supervisor: _____ Phone #: _____

Vehicle: _____
Make Model Year License #

Address where business will be conducted: _____

Nature of Business: _____

Method of delivery of merchandise: _____

List last three (3) cities, villages, towns where applicant conducted similar business:

1. _____
2. _____
3. _____

List three (3) personal references (include name, address, phone no.):

1. _____
2. _____
3. _____

Place where applicant can be contacted for at least seven days after leaving city:

Have you ever been convicted of any crime or ordinance violation related to transient merchant business within the last five years? Yes _____ No _____

Nature of the offense

Place of conviction

The facts given in this application are true and correct and I understand that by falsifying the facts given could result in the denial of a permit or revocation of permit.

Signature

Date received and filed with Municipal Clerk:	Date investigation completed by Police Dept:	Date of notification to local merchants of application:	Date of final registration:
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