

**APPLICATION FOR TRANSIENT MERCHANT LICENSE
To the Clerk of the Village of Muscoda, Grant and Iowa Counties, WI**

The undersigned hereby applies for a license to engage in the business of:

From _____, 20__ to _____, 20__

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the business for which this license is applied.

Name: _____
(last) (first) (middle)

Address: _____
(city) (state) (zip)

Date of Birth _____ Social Security #: _____

Height: _____ Weight: _____ Eye Color: _____

Phone: _____ Email: _____

Company/Business Information:

Name: _____

Address: _____
(city) (state) (zip)

Phone: _____ Email: _____

Please complete (The Village **may deny** a license if all information is not included)

Have you been convicted of violating any law of the U.S. within the last 5 years, including traffic? Yes / No (circle one) If Yes: (list violation type, date and state that violation occurred)

List 3 municipalities where you conducted similar business before coming to Muscoda.

Where can you be reached ten (10) days after leaving Muscoda?

Place: _____ Phone: _____

Signature

Date

Any false statements will result in denial of your application.

Vehicle Information: Make: _____ Model: _____

Year: _____ Plate: _____ State: _____ Color: _____

To be completed by Clerk-Treasurer's Office: Application fee: **\$100.00**

Date paid: _____ Payment type: _____

Forms of Identification Used: Driver's License --- Identification Card --- Passport

**THE MUSCODA POLICE DEPARTMENT WILL DO A RECORD CHECK ON BOTH
THE APPLICANT AND THE COMPANY/BUSINESS.**