



TOWN HALL ADMINISTRATIVE OFFICES  
 2445 S. AFTON ROAD  
 BELOIT, WISCONSIN 53511-8666  
 PHONE: 608-364-2980  
 FAX: 608-364-2999  
 www.town.beloit.wi.us

**Peddlers & Hawkers  
 License Application**

Date of application: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Applicant:

_____	_____	_____	_____
Name (First, Middle, Last) & Title	Home Address	Date of Birth	Phone

If applicable – temporary address: \_\_\_\_\_

**Complete A or B & C. All must complete D.**

**A. Individual or Partnership:**

_____	_____	_____	_____
Name (First, Middle, Last)	Home Address	Date of Birth	Phone

If individual - Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

**B. Full name of Corporation / Nonprofit Organization / Limited Liability Company:**

\_\_\_\_\_

Address of Corporation/Limited Liability Company \_\_\_\_\_

All officer(s) Director(s) and Agent of Corporation and Members/Managers and Agent of Limited Liability Company:

_____	_____	_____	_____
Name (First, Middle, Last) & Title	Home Address	Date of Birth	Phone

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If Other than above state as to **type of Organization:** \_\_\_\_\_

_____	_____	_____	_____
Name (First, Middle, Last) & Title	Home Address	Date of Birth	Phone

\_\_\_\_\_

**C. Local Manager / Responsible Party**

_____	_____	_____	_____
Name (First, Middle, Last)	Home Address	Date of Birth	Phone

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

**D. Dates of Event(s):** \_\_\_\_\_

**Hours of Operation** (restricted to 9:00 a.m. – 9:00 p.m.): \_\_\_\_\_

**Area where activities will occur:** \_\_\_\_\_

**Description of product and/or service:**

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**Vehicles used:**

Make	Model	License #	Reg. State	Proof of Ins.	Declaration Of Liability
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

List 3 other **Municipalities** where similar activities have been conducted and dates conducted:

City	State	Dates
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Report of Crime within last 5 years committed by Applicant:**

Nature	Date	Place	Penalty
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

(If additional space is needed, put on separate sheet or paper.)

**Report of Ordinance violations** pertaining to sales activities within last 5 years committed by **Applicant:**

Nature	Date	Place of Conviction
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- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

(If additional space is needed, put on separate sheet of paper.)

**Any omission shall render the application void.**

**Information on this application is a public record.**

**Fees: License fee is \$100.00 per month, not to exceed \$600.00 per year.**

**Application and fee to be filed at least seven (7) days prior to activity.**

*All permits expire on December 31 of the licensing year.*

\_\_\_\_\_  
Signature

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\*\*\*\*\*POLICE DEPARTMENT AUTHORIZATION\*\*\*\*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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