

TOWN OF FULTON

2738 W. Fulton Center Dr.
Edgerton, Wisconsin 53534

Connie Zimmerman -Clerk/Treasurer

Phone: 608-868-4103 Fax:608-868-4104

Email: fulton@townoffulton.com

Web site: www.townoffulton.com

Transient Merchant, Direct Seller or Charitable Solicitor Permit Application

Fee:\$65.00

Permit No. _____

Receipt No. _____

1. First Name _____ Middle _____

Last Name _____(Sr Jr)

2. Maiden Name _____ Date of Birth _____ Sex M F

3. Social Security Number _____

4. Address

(Include City, State & ZIP)

5. Previous Address

(Include City, State & ZIP)

6. Phone Number (_____) _____ Cell (_____) _____

7. Height _____ Weight _____ Color/hair _____ Color/eyes _____

8. Driver's License

9. Driver's License Previous State, if applicable _____

10. Applicant's Current Employer (Include Business Name, Address, City, State, Phone Number and Supervisor)

11. Previous Employer (If less than 2 years) (Include Business Name, Address, City, State, Phone Number and Supervisor)

12. Corporation, Firm, Association or Person you represent?

Name of Company _____

Address _____

Supervisor _____ Phone Number(_____) _____

13. Nature of Business _____

Goods and/or Services Offered _____

14. Proposed Method of Delivery of Good (if applicable) _____

15. Vehicle to be used by Applicant

Make _____ License Number & State _____

Model _____ Year _____ Color _____

16. Cities, Villages and Towns Where You Last Conducted Business (List 5)

1. _____

2. _____

3. _____

4. _____

5. _____

17. Have you ever been convicted of any crime or ordinance violation relating to your transient merchant business within the last 5 years? YES NO

If yes, give nature of offense and place of conviction _____

18. Please list a phone number where you can be contacted for at least 7 days after you leave the Town of Fulton, Wisconsin (_____) _____

