

**VILLAGE OF MISHICOT**  
**MERCHANTS APPLICATION**

REPORT NO. \_\_\_\_\_

Business name: \_\_\_\_\_  
 Business address: \_\_\_\_\_  
 Nature of business: \_\_\_\_\_  
 Place of business to be conducted: \_\_\_\_\_  
 Description of items intended to be sold, disposed of or contracted for: \_\_\_\_\_  
 \_\_\_\_\_

Length of time desired for permit: \_\_\_\_\_

**Owner of Business:**

NAME Last	First	Middle	Date of Birth	Telephone Number
Current Address			State	Zip Code
Prior Address for Previous Two Years			State	Zip Code

**Employees to be covered by the Permit:**

NAME Last	First	Middle	Date of Birth	Telephone Number		
Address			State	Zip Code		
NAME Last			First	Middle	Date of Birth	Telephone Number
Address			State	Zip Code		
NAME Last			First	Middle	Date of Birth	Telephone Number
Address			State	Zip Code		

A copy of all contracts, order forms or other documents used in this business shall be filed with this application. A fee of Five Dollars (\$5.00) for each person listed on this application is required. If the application is not complete a bond may be required prior to a permit being issued.

All of the information contained in this application is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Received by \_\_\_\_\_ Date \_\_\_\_\_