City of Milwaukee

TRANSIENT MERCHANT LICENSE INFORMATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
200 E. WELLS ST. ROOM 105, MILWAUKEE, WI 53202
(414) 286-2238 EMAIL: LICENSE@MILWAUKEE.GOV

DEFINITION:
A transient merchant means any person, partnership, corporation or limited liability company who engages in the business of purchasing or selling merchandise at any fixed place in the city temporarily and who does not intend to become a permanent merchant of the City of Milwaukee.

LICENSE PERIOD:
Issued for the calendar year.

APPLICATION:
Complete, sign and return application to City Clerk License Division, City Hall, Room 105, 200 E. Wells Street, Milwaukee, WI 53202.

Applications submitted without the required fee, bond and/or notarized signatures will be returned.

FEE:
The $140.00 license fee **must be submitted with application**. Checks made payable to: City of Milwaukee.

SIGNATURES REQUIRED:
Notarized signatures of the individual, all partners, the agent and an officer of a corporation, or the agent and a member of a LLC are required.

QUALIFICATIONS: Applicants must be 18 years of age or older.

BOND/DEPOSIT REQUIREMENTS:
A surety bond of $5,000 is required. See attached bond form. In lieu of a bond, an applicant may submit a certified check in the amount of $5,000 with the application. The certified check shall be returned to the transient merchant 30 days after the completion of his or her business activity in the city.

REPORT CHANGES:
Whenever a fact set forth in the application changes, the licensee shall file a written notice of the change with the License Division within 5 days of the change.

REFUND OF LICENSE FEE: If an application is withdrawn or denied, you are eligible for a refund in the amount of $90, provided the refund is requested no later than one year from the date of withdrawal or denial of the application. If a license is not issued, the refund must be requested no later than one year from the date of application, unless the license has been granted, in which case no later than one year from the date of granting of the license.

DUPLICATE LICENSE FEE: The fee for a duplicate license is $8. You must bring current photo identification.

Regulations relating to TRANSIENT MERCHANTS are provided in s. 95-2 of the Milwaukee Code of Ordinances and are available online at **http://www.milwaukee.gov/ordinances** or can be purchased from the Legislative Reference Bureau in City Hall, Room B-11.

TRANSIENT MERCHANT LICENSE APPLICATION

OFFICE OF THE CITY CLERK LICENSE DIVISION
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City of Milwaukee

Check one: ☐ Individual or ☐ Partnership (Fill out Section A, B, & D)
☐ Corporation or LLC (Fill out Section B, C, & D)

A	INDIVIDUAL OR PARTNER #1: Full Name (Last, First & Middle Initial)	PARTNER #2: Full Name (Last, First & Middle Initial)
	Permanent Street Address:	Permanent Street Address:
	Permanent City, State, Zip Code:	Permanent City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
B	Business Name:	Business Phone Number: ( ) -
	Business Address (include City, State, Zip Code):	
	Address of Local Sale:	Local Sale Telephone Number: ( ) -
	Temporary Street Address of Applicant:	
	Temporary City, State, Zip Code	Temporary Telephone Number: ( ) -
	Nature of Business to be conducted, a brief description of the things intended to be bought, sold, disposed or contracted for, and proposed method of delivery of goods, if applicable:	
	Date(s) of Sale:	
	Will you use a vehicle in your business? ☐ Yes ☐ No	
	Does your business utilize weighing or measuring devices? ☐ Yes ☐ No If yes, state type and attach certificate from the sealer of weights and measures:	
	Have you had a city of Milwaukee license denied or revoked in the past six months? ☐ Yes ☐ No If yes, for what reason(s)?	
	Last location where applicant conducted a similar business:	
	Place where applicant can be contacted at least 7 days after leaving the city of Milwaukee:	
	Do you have knowledge of the city ordinances currently regulating transient merchants? ☐ Yes ☐ No	

OVER

C		
	Full Name of corporation or limited liability company:	
	Agent:	
	Full Name (Last, First & Middle Initial):	Home Phone Number: ( ) -
	Permanent Home Address (include City, State & Zip Code):	Date of Birth:
	President/Member	*Vice President/Member*
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Permanent Home Street Address:	Permanent Home Street Address:
	Permanent City, State, Zip Code:	Permanent City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:
	Secretary/Member	*Treasurer/Member*
	Full Name (Last, First & Middle Initial):	Full Name (Last, First & Middle Initial):
	Permanent Home Street Address:	Permanent Home Street Address:
	Permanent City, State, Zip Code:	Permanent City, State, Zip Code:
	Home Phone Number: ( ) -	Home Phone Number: ( ) -
	Date of Birth:	Date of Birth:

D

Has anyone named on this application been convicted of violating any federal or state laws or local ordinances? ☐ Yes ☐ No If yes, list name of person(s), date, charge, and penalty:

_____
_____
_____
_____

The undersigned agrees to inform the City Clerk within five days of any substantial changes in the information supplied in this application. The undersigned shall not willfully refuse to provide the services offered under this license, or refuse to employ, or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; and not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating the license applied for herein, and being duly sworn under oath, depose and say that I am the person named above and that all statements made in the foregoing application are true and correct.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____,20_____

_____
Individual/Agent of Corp or LLC/Partner

_____
Notary Public, State of Wisconsin
My commission expires_____

_____
Officer of Corp/Member of LLC/Partner

Office Use Only:

Initials:_____ Filed:_____ License #:_____ Issued:_____