

Village of Dousman

118 S. Main Street, Dousman, WI 53118

* 262-965-3302 * Fax 262-965-4286 *



Application for Peddler's Canvasser's Solicitors of Transient
Merchant's License
(Section 12.07, Municipal Code)

Name: _____

Permanent Home Address: _____

Birth Date: _____ Phone Number: _____

Social Security Number: _____

Physical Description: _____
Height Weight Hair Color Eye Color

Driver's License Number: _____ State _____

Motor Vehicle: _____
Make Model Year Color

License Number: _____ State: _____

Local address from which business will be conducted: _____

Nature of Business and articles of service: _____

Name and address of employer: _____

Supplies of articles to be sold, where they are located, proposed method of deliver: _____

Names of 3 Cities or Villages in which you last conducted
business: _____

Names and addresses of at least 2 county property owners that can vouch for you: _____

I certify that all the information given in this application is true to the best of my
knowledge.

Signature: _____

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FOR VILLAGE USE

Investigation fee received: _____
Date

I have caused the applicant and the facts stated in this application to be investigated and
I approve/disapprove the granting of the license for the following reasons:

Chief of Police

Licensed Issued/Denied: _____

License Expires: _____

Each applicant must return completed form to the Village of Dousman with the \$100.00
application fee.