



400 Fourth Avenue South
P.O. Box 146
Park Falls, WI 54552
Phone (715) 762-2436 • Fax (715) 762-2437
www.cityofparkfalls.com

SELLER/SOLICITOR/TRANSIENT MERCHANT PERMIT APPLICATION

This application shall be filed 48 to 72 hours PRIOR to the issuance of a Solicitor's Permit to allow time for the Park Falls Police Department to conduct a background investigation.

The fees for a Solicitor's Permit is:
\$20 per month PER PERSON or
\$135 for one year PER PERSON

The City of Park Falls may charge a fee equivalent to the actual costs incurred by the Park Falls Police Department in conducting its background investigation. A one-month permit is valid for 30 days from the date of issuance, a one-year permit is valid for one calendar year from the date of issuance.

TERM OF PERMIT APPLIED FOR

One Month _____ One Year _____

Beginning on: _____ thru _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____

Phone #: _____ email: _____

Driver's License #: _____

State of Issuance: _____

Date of Birth: _____

Place of Birth: _____
City State

Age: _____ Height: _____ Weight: _____

Color of Eyes: _____ Color of Hair: _____

VEHICLE USED FOR BUSINESS

Make: _____ Model: _____ Year: _____

License Plate #: _____

State of Issuance: _____

INFORMATION ABOUT THE PERSON, FIRM OR CORPORATION THAT YOU REPRESENT

(if different from above)

Name: _____
Last First Middle

Address: _____
_____ Phone #: _____



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LOCATION FROM WHICH BUSINESS WILL BE CONDUCTED

Name: _____

Address: _____

Signature of property location owner: _____

NATURE OF BUSINESS

Description of goods: _____

Method of delivery of goods: _____

Last cities, villages or towns in which you conducted similar business:

1. _____

2. _____

3. _____

Where can applicant be contacted for at least seven days after leaving Park Falls?

Address: _____

Phone #: _____

Have you or the firm you represent been convicted of any crime or ordinance violation related to your transient merchant business within the last five years?

Yes _____ No _____

If you answered yes, complete the following:

Nature of offense: _____

Date of conviction: _____

Place of conviction: _____

Are you or the firm you represent subject to any pending criminal charge related to your transient merchant business?

Yes _____ No _____

If you answered yes, complete the following:

Nature of offense: _____

Date of offense: _____

Place of pending conviction: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date of issuance: _____ Expiration: _____