

Village of Lake Nebagamon Transient Merchant License

Year _____

License # _____

PLEASE TYPE OR PRINT IN INK

Last Name First Name MI Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth
month day year

Daytime Telephone Number
() _____ - _____

Type of Business:

Company Name:

Description of Items/Services:

Dates Requested:

- County Licenses Verified - (License #):
- Written Permission of Property Owner (Attach)
- Legal Identification Provided

Transient Merchant License issued to the above named applicant to sell in the Village of Lake Nebagamon, Douglas County, State of Wisconsin,

_____ (product) for a period of _____ day(s) week(s)
 Month(s) Year(s)

The license will expire on _____

For a fee of \$ _____ Issued this _____ day of _____, 20_____.

Daisha Nolan, Village Administrator/Clerk

Company has been contacted and is in compliance with section 11.02 of the Municipal Code of the Village of Lake Nebagamon. A copy of municipal code pertaining to transient merchants has been given to the above.

LICENSE FEES - Transient Merchants
\$15 per day
\$60 per week
\$150 per month
\$500 per year

Date Paid: _____

Receipt #: _____