Fee: \$100/day/person



Office Use Only: Date Filed:	
Initials:	
Date Issued:	

There will be a 72 hour waiting period, not including Saturday, Sunday or Holidays before the license will be considered. During this time, the Lomira Police Department will investigate this application and then must be approved by the Village Board. Village Board meets twice per month.

Applicant:							
Las	st name		First name	Middle name	e		
Driver's License or ID copy attached and Applicant's Report – Police Record copy attached Applicants under the age of 18 must also supply a worker's permit – attached							
Residing address:							
Email:			Phone:				
Business Name: _							
Business Address:	:		Phone:				
Provide 2 identical color photographs taken within the last 6 months: attached							
	IM/DD/YYYY)	Place of Birth:		Social Security #:			
Race: C	Gender:	Eye Color:	Hair Color:	Height:	Weight:		
Are you selling fo	od? Yes	No If selling	ng food, a copy of	the WI Health License is	required.		
Describe the food, beverages, merchandise or services to be sold or ordered:							
Vehicle Make & N	Model:		Year & Color: _	Plate #:			
If no vehicle is used, how will business be conducted? (example – by foot or bicycle)							
Bicycle license #:		Bicycle Ma	ake & Model:				
List the 3 cities where you last conducted similar business:							

List 3 cities you will conduct similar business in aft	er the Village of Lomira:
Dates in which you plan to conduct business within	the Village of Lomira:
civil action brought against me in connection with personally served. I hereby certify that I am the ap	e of Lomira, or her agent to accept service of process in any direct sales activities if I cannot, after reasonable effort, be oplicant named in the foregoing application, and I have read ary question truly, correctly and completely, under penalty of
Applicant's Signature:	Date:



APPLICANT'S REPORT – POLICE RECORD

NAME:		
LAST	FIRST	MIDDLE
ADDRESS:		
STREET	CITY, ST	TATE ZIP
DATE OF BIRTH:(MM/DD/YYY	DRIVER'S LICENSE	#:
LICENSE APPLIED FOR:		
	mpletely answer the following questions, or in the event the information is untrue, incorrect and the event the e	· ·
•	major crime (felony) or minor crime (me pending at this time? Yes No	· · · · · · · · · · · · · · · · · · ·
Have you ever been convicted of vi you have a charge pending at this tir	iolating a municipal or county ordinance me? Yes No If yes, state: o	in Wisconsin or in any state; or do charge, year, result:
	re been sentenced to serve time in jail o	-
	ense suspended or revoked in Wisconsin	
Have you received any citations in any such citations pending?	Wisconsin or any other State within the es No If yes, state: charge, year	past five (5) years; or do you have r, result
	rears, while operating a business or engagedo you have charges pending at this ting? Yes No If yes, state: char	_

List the name and addresses of all employers for which you have work in the past five (5) years:	•
List all addresses at which you have lived in the past five (5) years:	
Applicant's Signature:	Date: