



APPLICATION FOR Solicitor's License

(Section 90 Municipal Code)

CITY OF EVANSVILLE CLERK'S OFFICE

31 S. Madison St, PO Box 529, Evansville, WI 53536

(608) 882-2266 – Fax (608) 882-2282

Application Fee:
\$150.00 per Year

APPLICATION FEE WILL NOT BE REFUNDED IF DENIED OR WITHDRAWN

Required: Two (2) ID size photos of applicants head and Shoulders.

LICENSE TO EXPIRE ON DECEMBER 31ST

Company Name:

Phone:

Company address:

If applicant's primary residence is not within Rock County or the Company's primary place of business in outside the State of Wisconsin, attach copy of \$500 surety bond.

Applicant's Name:

First

Middle

Last

Applicant's Permanent Home Address:

City

State:

Zip:

Phone No: - -

Date of Birth: / /

Social Security No: - -

Email Address:

Physical Description:

Gender: Male Female

Height

Weight

Hair Color

Eye Color

Driver's License No.:

Issuing State:

Vehicle Information:

Make

Model

Year

Color

License Plate No. & Issuing State:

Local address from which business will be conducted:

Nature of business and articles or services to be sold:

Current supply of articles to be sold:

Where there are now located:

The proposed method of delivery:

Have you ever been convicted of a violation of a Federal, State or local law other than a traffic offense? Yes No

If Yes, state when and where convicted and the violation:

Name of the last three cities or villages in which you conducted business:

Name and address of at least two Rock County property owners as reference:

1)

2)

Chapter 90 of the Evansville Code of General Ordinances specifies all the laws and requirements which you are governed by and with which you must comply. You must know the law and comply with the requirements. The City Clerk's office will provide you a copy of this ordinance if you desire a copy. This application must be fully completed, and submitted to the City Clerk's office at 31 S Madison St, Evansville WI 53536, with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS

I, _____, being duly sworn on oath, affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in.

I further acknowledge that I am familiar with or have asked for copies of such ordinances.

Sworn to and appointed this _____ day of _____,

Signature of Applicant

STATE OF WISCONSIN, Rock County
Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

FOR MUNICIPALITY USE ONLY BELOW THIS LINE

Copy of Surety Bond Required: **Yes** **No** **Date Provided:**

Police Chief Recommendation and Comments:

Recommend _____ **Non-Recommend** _____ **Recommend with conditions** _____

Police Chief's Signature

Date

Date License Issued:

Clerks Notes and Receipt Information: