

**City of Onalaska**

Permit # \_\_\_\_\_

**La Crosse, County, Wisconsin  
Application for Solicitor's Permit**

**Fee - \$40.00/\$20.00ea  
(90 days)**

Date of Application \_\_\_\_\_

Social Security #: \_\_\_\_\_

First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address & Telephone Number:

Temporary Address (if any): \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name & Address of Firm, Person, Association or Corporation Selling:

Telephone Number of Above: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Temporary Address & Telephone Number from which business will be conducted:

Nature of business to be conducted & brief description of goods offered, and any services offered:

\_\_\_\_\_

Proposed method of delivery of goods: \_\_\_\_\_

Make, model & license number of vehicle used by applicant to conduct his/her business:

Last Cities, Villages or Towns, not to exceed three (3), where applicant conducted similar business:

Name, address and telephone number of place where applicant can be contacted for at least seven (7) days after leaving the City of Onalaska:

Has applicant ever been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last five (5) years? \_\_\_\_\_

If yes, describe the nature of the offense and place of conviction:

Applicant shall present to the Clerk for examination:

1. Driver's License or some other picture i.d. for proof of identity.
2. State certification of examination and approval form the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by State authorities.
3. State Health Officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under State Law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than ninety (90) days prior to the date the application is made.

\_\_\_\_\_  
Signature of Applicant  
OC#416