

VILLAGE OF CECIL

Shawano County

P. O. Box 159

Cecil, WI 54111

Phone: (715) 745-4428 Fax: (715) 745-4429

**Peddler/Canvasser/Solicitor/
Transient Merchant Application
\$25.00 fee**

1. Full Name (please include middle initial): _____
2. Address: _____
3. Business Address: _____
4. If you resided less than two years at the above address, please list your previous address: _____
5. Phone Number: _____

This section for Peddler/Canvasser/Solicitor/Transient Merchants only

6. What type of product will you be selling? _____
7. How long will you be in the Village selling this product? _____
8. Have you had any felonies in the past 10 years? _____
9. Date of Birth: _____
10. Social Security or Fed ID Number: _____
11. Home Base/Office: _____
12. Location of Sales: _____
13. Licensed Obtained and Through Which Agency: _____

I, the undersigned, acknowledge that I have received a copy of 5.20 Peddler Ordinance and understand that I am responsible for observing the ordinances that pertain to my business.

Applicant

Date

Note: If selling motorized vehicles, this application is void once the vehicle is sold.