



11333 N. Cedarburg Road, 60W
Mequon, Wisconsin 53092
(262) 242-3100

VENDING DISTRIBUTOR LICENSE APPLICATION 2017-2018

FEE: \$80
Cash or check

TO: Finance and Personnel Committee, City of Mequon:

The undersigned hereby applies for a VENDING DISTRIBUTOR'S License to engage in such business in the City of Mequon, Ozaukee County, State of Wisconsin from date hereof to **June 30, 2018** (unless sooner revoked), subject to the limitations imposed by law, and hereby agrees to comply with all laws, regulations, resolutions and ordinances, if a license be granted the undersigned.

Applicant's Wisconsin Seller's Permit Number (15 digits):	456-	Federal Employer Identification Number (FEIN) (9 digits):	-
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*****PROVIDE A COPY OF THE WISCONSIN SELLER'S PERMIT*****

Name of Business	Business Address	City, State, Zip
Last, First, Full Middle Name of Owner	Home Address	City, State, Zip
Last, First, Full Middle Name of Partner	Home Address	City, State, Zip
Name of Corporation	Business Address	City, State, Zip

Applicant Full Name _____ **Applicant Date of Birth** _____

LIST OF OFFICERS OF CORPORATION

President	Full Name (Last, First, Middle)	Home Address
	City, State, Zip	Date of Birth
		WI Driver's License #
V. Pres.	Full Name (Last, First, Middle)	Home Address
	City, State, Zip	Date of Birth
		WI Driver's License #
Secretary	Full Name (Last, First, Middle)	Home Address
	City, State, Zip	Date of Birth
		WI Driver's License #
Treasurer	Full Name (Last, First, Middle)	Home Address
	City, State, Zip	Date of Birth
		WI Driver's License #

Business Name _____

Has applicant, any partner or officer of the corporation ever been convicted of a Felony? YES NO

Has applicant, any partner or officer of the corporation ever been convicted of a Misdemeanor? YES NO

Has applicant, any partner or officer of the corporation ever been convicted (paid fine) for any Ordinance violations (do not include traffic)? YES NO

If you answered YES to the above questions, give dates of violations, place of violations, specify charges, disposition and date of disposition _____

Place where machines or devices are to be displayed or operated _____

Applicant Business Telephone # _____

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature _____ Date _____

SUBSCRIBED AND SWORN TO BEFORE ME

This _____ day of _____, 20 _____

(Clerk/Notary Public)

My commission expires _____

Statement of Chief of Police:

I have caused the applicant and the facts stated in this application to be investigated and I **APPROVE** the granting of the license.

I have caused the applicant and the facts stated in this application to be investigated and I **DISAPPROVE** the granting of the license for the following reason(s). Attach additional sheet if needed.

Signature of Chief of Police

Date

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk	Date license granted	Effective Period
Date license issued	License number issued VMD-	Signature of Clerk
Receipt #		