

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 Number: \_\_\_\_\_
11. Home Base/Office: \_\_\_\_\_

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