



# Transient Street Merchant Registration Form

Village of Grafton Planning and Development Department  
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**Application Fee: \$300**

DATE OF REGISTRATION: \_\_\_\_\_

### LOCATION OF STREET MERCHANT IN THE VILLAGE:

1. Property address: \_\_\_\_\_

### STREET MERCHANT INFORMATION:

Applicant is:  Street Merchant Owner  Street Merchant Owner's Agent  Property owner

2. Owner's Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

3. Telephone Number(s): \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_

5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. Driver's License Number: \_\_\_\_\_

8. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Applicant must list any convictions of crime or ordinance violation related to the transient street merchant business within the last five (5) years, the nature of the offense, and the place of conviction.

| Date | Offense | Court | State |
|------|---------|-------|-------|
|      |         |       |       |
|      |         |       |       |
|      |         |       |       |

I certify that there have been no convictions of crime or ordinance violation related to my transient street merchant business within the last five (5) years.

**PROPERTY OWNER INFORMATION:**

10. Property Owner Name: \_\_\_\_\_

11. Mailing Address: \_\_\_\_\_

12. Telephone Number(s): \_\_\_\_\_

13. E-mail Address: \_\_\_\_\_

**STREET MERCHANT INFORMATION:**

14. Description of business:

\_\_\_\_\_  
\_\_\_\_\_

15. Term of operation (months): \_\_\_\_\_

16. Days and hours of operation: \_\_\_\_\_

17. Make, model, and license number of any vehicle(s) to be used in conducting your business:

Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

18. List the last three (3) locations where you conducted similar business prior to making this registration:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**SUBMITTAL REQUIREMENTS**

- State or County health officer's certificate if applicant's business involves the handling of food or clothing and is required to be certified under state law.
- Proof of business insurance.
- Picture of the vehicle(s) to be used in this operation.
- Site plan showing placement of vehicles(s), seating, parking, customer areas, etc.

**REQUIRED SIGNATURES**

I hereby certify that all statements, forms, and attachments submitted hereto are true and correct to the best of my knowledge and belief:

\_\_\_\_\_  
Signature of Owner of Street Merchant Business      Date

\_\_\_\_\_  
Signature of Property Owner\*      Date  
(\*Or email approval to [jwolff@village.grafton.wi.us](mailto:jwolff@village.grafton.wi.us))

|   |
|---|
| <p><b>Application Fee Paid on:</b> _____ <b>By Check#:</b> _____ <b>Received by:</b> _____</p> <p><b>Months/Days in Operation:</b> _____ <b>Total Fee Received: \$</b> _____</p> <p><b>NOTES:</b></p> <p>_____</p> <p><b>Planner's Signature:</b> _____</p> |
|---|

**REGISTRATION FEES:**

- \$300.00 Application Fee
- Only one cart/mobile stand will be allowed for each Transient Street Merchant.
- All licenses shall expire on December 31 of each year.