



GRAFTON
QUALITY LIFE. NATURALLY.

Village of Grafton

Planning and Development Department 860 Badger Circle Grafton, WI 53024
Phone: (262) 375-5303 Fax (262) 375-5312 e-mail: jwolff@village.grafton.wi.us

Transient Street Merchant Registration Form

This Form is Required for All Site Plan Review Requests

Application Fee: \$300
Total Fee to be paid upon application

DATE OF REGISTRATION: _____

REQUIRED INFORMATION

LOCATION OF PROPERTY IN THE VILLAGE TO HAVE STREET MERCHANT LOCATE:

1. Property address: _____

CONTACT INFORMATION OF STREET MERCHANT:

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

3. Telephone Number: _____

4. Fax Number: _____ Address: _____

5. City: _____, State: _____ Zip: _____

6. E-mail Address: _____ Driver's License #: _____

7. Date of Birth: _____ / _____ / _____

8. Applicant must list any convictions of crime or ordinance violation relates to applicant's transient merchant business within the last five (5) years, the nature of the offense and the place of conviction.

Date	Offense:	Court	State
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

(If you need more room, please write on the back of this application)

PROPERTY OWNER INFORMATION:

- 6. Property Owner Name: _____ Address: _____
- 7. Telephone Number(s): _____ Fax Number: _____
- 8. E-mail Address: _____

STREET MERCHANT INFORMATION:

- 9. Nature of Business: _____
- 10. Make-Model- and License number of any vehicle to be used in conducting your business:
 Make: _____ Model: _____
 License Plate #: _____
- 11. List the last three (3) cities, towns, villages where you conducted similar business just prior to making this registration
 (1) _____
 (2) _____
 (3) _____

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 Submitter of Plan Date

- **STATE OR COUNTY HEALTH OFFICER’S CERTIFICATE WHERE APPLICANT’S BUSINESS INVOLVES THE HANDLING OF FOOD OR CLOTHING AND IS REQUIRED TO BE CERTIFIED UNDER STATE LAW MUST BE ATTACHED TO THIS REGISTRATION**
- **PROOF OF INSURANCE MUST BE ATTACHED WITH REGISTRATION**
- **THE PLANNING AND DEVELOPMENT STAFF PLAN REVIEW PERIOD IS TYPICALLY TWO WEEKS PRIOR TO APPROVED DATES.**

No submittal is complete until application is signed **BELOW** by a Planning and Development Staff member.

Application Fee Paid on: _____ By Check#: _____ Received by: _____

Review Deposit of: \$ _____ Total Fee Received: \$ _____

NOTES: _____

Planner’s Signature: _____

PLAN SET SUBMITTAL REQUIREMENTS

- Site Plan that shows the layout of the operation.
- Statement of Intent – Briefly describe the intent of the plans to be submitted with this application
- Completed registration and registration fee(s)
- Three (3) complete full size sets – All full size plans must be folded to 8.5” to 11”
- Picture of the vehicles used in this operation.

REGISTRATION FEES:

\$300.00 Application Fee

\$50.00 fee shall be paid for each additional transient seller within the organization.

Only one cart/mobile stand will be allowed for each Transient Street Merchant.

All licenses shall expire on December 31 of each year.