



6. List the last three (3) cities, towns, or villages where you have conducted similar activities within the past three (3) years. List the most recent first: 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

7. Describe the vehicle(s) being used by you and your organization in conducting business:

Make	Model	Year	License & State	Owner
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Make	Model	Year	License & State	Owner
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8. Have you or your company violated any provision of any similar or related state, federal, or local ordinance or law anywhere in the previous five(5) years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the section below (attach additional sheets if necessary):

Nature of Offense: _____	Nature of Offense: _____
Charges: _____	Charges: _____
Penalty Assessed: _____	Penalty Assessed: _____
City & State of Offense: _____	City & State of Offense: _____
Place of Conviction: _____	Place of Conviction: _____
Arresting Agency: _____	Arresting Agency: _____

Chapter 12-421 of the Janesville Code of General Ordinances specifies all the laws and requirements which you are governed by and with which you must comply. Know the law and comply with the requirements. The City Clerk will give you a copy of this ordinance if you desire a copy.

This application must be fully completed, and submitted to the City Clerk at 18 N. Jackson St. with the above required fee and photographs. Omissions or false statements constitute grounds for denial or revocation of license applied for or issued.

**ATTESTATION AND APPOINTMENT OF AGENT FOR SERVICE OF PROCESS**

I, \_\_\_\_\_, being duly sworn on oath, affirm that I read this application, answered the questions myself, that my answers are true and complete to the best of my knowledge and that I agree to obey all the laws which regulate the activities I plan to engage in. I further acknowledge that I am familiar with or have asked for copies of such laws.

I further hereby appoint the City Clerk for the City of Janesville as my agent for the service of process in any and of whatever nature against me arising from my activities relating to this license, in the event that after reasonable effort I cannot be served personally.

Sworn to and appointed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

STATE OF WISCONSIN Rock County )  
 Subscribed and sworn to before me this ) ss.  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant

Notary Public \_\_\_\_\_ State of Wisconsin  
 My Commission Expires: \_\_\_\_\_

**OFFICE USE ONLY**

Recommended for License: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_ Chief of Police \_\_\_\_\_ Date

Not Recommended for License - Reasons: \_\_\_\_\_

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