Village of
Ashwaubenon
2155 Holmgren Way • Ashwaubenon, WI 54304
P: 920.492.2301 F: 920.492.2328
www.ashwaubenon.gov

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Office Use Only:
Date Filed: _____
$200 Fee Paid: ☐ Yes ☐ No
Public Safety Director Approval:
Approved: ☐ Yes ☐ No
Director Signature: _____

Application for Resale of Packer Tickets on Game Day

Applicant Information

Name: _____ Phone Number: _____
(Last, First, Middle)

Home Address: _____
(Street, City, Zip Code)

Date of Birth: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

I am a representative of (Person, Firm, Association, or Corporation)

Name: _____ Phone Number: _____

Address: _____
(Street, City, Zip Code)

Type of business that you will be representing (check one box only)

☐ Purchase Tickets ☐ Sell Tickets ☐ Both Purchase & Sell Tickets

Motor vehicle that will be used in the conducting of your business (if applicable)

License Plate #: _____ Make: _____ Model: _____ Year: _____

Have you been convicted of a crime or ordinance violation related to the sale or resale of tickets in the past 5 years?

☐ Yes ☐ No If answer is yes, please state date, place, and offense below:

_____

_____

_____

Please include the following REQUIRED items with this application *(Application cannot be submitted without all items included)*

1. Certificate of Insurance for $1,000,000 insuring each permit holder, naming the Village of Ashwaubenon as an additional insured.
2. Valid form of government issued identification bearing the applicant's photograph.
3. 1 1/2" x 1 1/2" photograph of applicant. (If applicant is able to come to the Village Clerk's Office, the necessary photo can be taken at the office, otherwise, applicant must provide photo.) ***A new photo is required for each season.***
4. Application fee - $200.00 per season.

I state that I have read the foregoing answers, and the same are true to the best of my knowledge. I understand that any direct sales activity is limited to all provisions of Section 12.055 Ashwaubenon Municipal Code. I hereby designated the Village Clerk for the Village of Ashwaubenon as my agent for the purposes of accepting service of process in any civil action arising out of/or in conjunction with the use of this license, in the event I cannot, after reasonable effort, be served personally.

Applicant Signature: _____ **Date:** _____

MUNICIPAL CODE SECTION 12.12(2)(b) requires that every applicant must disclose on his or her application for any license with the Village of Ashwaubenon any and all amounts of money owed to the Village by him or her or by the previous owner of the premises to be licensed. Any applicant failing to disclose such debts will have his license revoked.

I hereby certify that I do not have any outstanding debts owing the Village of Ashwaubenon.

Applicant Signature: _____ **Date:** _____

ALL REQUIRED DOCUMENTS MUST BE SUBMITTED TO THE VILLAGE CLERK OFFICE SIX (6) WORKING DAYS BEFORE THE PERMIT WILL BE ISSUED. THERE ARE NO EXCEPTIONS.

RETURN COMPLETED FORM TO: Village Clerk Office, 2155 Holmgren Way, Ashwaubenon, WI 54304