

OFFICE USE ONLY:

DATE RECEIVED/PAID: _____ RECEIPT NO.: _____

\$50.00 Account No. 100-4-44309



**APPLICATION FOR REGISTRATION
OF DIRECT SELLER**

PERSONAL INFORMATION:

NAME:

(First) (Middle) (Last)

PERMANENT ADDRESS: _____
(Street) (Box Number)

(City) (State) (Zip)

TEMPORARY ADDRESS (If Any): _____
(Street) (Box Number)

(City) (State) (Zip)

TELEPHONE NUMBER: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

BUSINESS INFORMATION:

BUSINESS NAME: _____

PERMANENT ADDRESS: _____
(Street) (Box Number)

(City) (State) (Zip)

TELEPHONE NUMBER _____

NOTE: Each individual applicant must submit this form along with proof of identity.

ADDITIONAL BUSINESS INFORMATION:

Describe the nature of the business to be conducted: _____

Give a description of the merchandise or service offered: _____

Describe the method of delivery of merchandise, if applicable: _____

List the color, make, model and license number of any vehicle to be used by the applicant in the conducting of this business:

List three cities/towns/villages where the applicant has conducted this business:

Place where applicant can be contacted for at least six months after leaving the city:

Have you been convicted of any license law or ordinance related to your transient business within the last five years (Choose one)? YES__ __NO

If yes, state the nature of the offense and the place of conviction:

State: _____ County: _____

_____, being first duly sworn on oath that he/she is the person who made and signed the foregoing application for registration as a direct seller; that all the statements made by the applicant are true.

I hereby appoint the City Clerk as my Agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities in the event I cannot, after reasonable effort, be serviced personally.

Subscribed and sworn before me this _____ day
of _____, 20_____

Applicant's Signature

Notary Public

My Commission Expires: _____

INFORMATION TO BE SUBMITTED (incomplete applications not accepted):

- Proof of Identity (Valid Drivers License, ID, etc.) for each individual.
- A State Certificate of Examination & Approval if involved with weights & measures.
- A State Health Officer's Certificate if business involves the handling of food/clothing.
- Wisconsin Seller's Permit (unless all sales are exempt from sales or use tax)
- A Certificate of Insurance if business involves soliciting for the sale or making sales of merchandise on public sidewalks or streets, naming the City as additionally insured if sales. Certificate shall certify that the applicant has liability coverage on vehicles to be used of at least \$100,000 against bodily injury or death to any person and \$300,000 for any one accident over \$50,000 against property damage.