

\$20.00
Ordinance: 3-
1.0520C.3

Town of Washington

DIRECT SELLER APPLICATION

Phone: (715) 834-3257
Fax: (715) 834-3325

APPLICANT INFORMATION

Drivers License or I.D.#		DL State	Date of Birth	Phone No. () -	
Male <input type="checkbox"/>	First Name		Middle Name	Last Name	
Female <input type="checkbox"/>					
Street Address			City	State	Zip
Last 4 digits of you Social Security Number:					

BUSINESS INFORMATION

Business Name			
Street Address		City	State Zip
Immediate Supervisor's Name			Phone
List goods and/or services offered & method of delivery:			
Date of Sale:		Location of Sale:	

1. Have you **EVER** been convicted of any felony, criminal violation, misdemeanor, ordinance or any other Federal, State or local laws? Yes No

***If you answered YES fill out the back of this form.**

2. Have you **EVER** been on Supervision or Probation? Yes No

3. Have you **EVER** changed your name?
If yes, list other names you have had: _____

4. Are there any **CRIMINAL** charges **PRESENTLY PENDING** against you? Yes No

5. Have you ever been contacted by any consumer protection agency? Yes No

6. List the name, location and date of the last three cities where you conducted business:

1. _____
2. _____
3. _____

7. Location & phone number where you can be contacted for at least 7 days after leaving the city:

8. Make, Model & License Number of any vehicle(s) to be used in your business:

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Plate #</u>	<u>State</u>

Applicant's Statement

I, appoint the Town Clerk or his/her agent to accept services 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 served personally.

I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the Town of Washington.

Signature _____

Date _____

List all past violations

Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense

PENDING CHARGES

Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense
Date / /	Nature of Offense

***** FOR OFFICE USE ONLY*****

License # _____

Police _____ Consumer Protection _____ I.D. _____

Comments:

