



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:

Blank lines for describing the nature of the business.

Give a description of the merchandise or service offered: \_\_\_\_\_

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Describe the method of delivery of merchandise, if applicable: \_\_\_\_\_

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

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

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

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Have you been convicted of any license law or ordinance related to your transient business within the last five years:

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

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***For any sales in or within 200' of City public parks, a separate Selling in the Parks permit is required.***

**INFORMATION TO BE SUBMITTED:**

- 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.

State of Wisconsin  
Walworth 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: \_\_\_\_\_

\_\_\_\_\_  
Date

<b>Office Use Only</b>	\$50.00	Acct. #100-4-44309
Police Check-Approve: Yes___ No___		
_____ Chief of Police, City of Elkhorn		_____ Date
Date Paid _____	Receipt No. _____	Date All Paperwork Rec'd _____

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_