

# CITY OF NEILLSVILLE

## DIRECT SELLER APPLICATION

### 1. APPLICANT INFORMATION - Permanent

Middle Name		Last Name	
Street Address	City	State	Zip
Last 4 digits of your Social Security Number:			
Drivers License or I.D.#	DL State	Date of Birth	Phone No. ( ) -

### APPLICANT INFORMATION - Temporary

Street Address	City	Phone No. ( ) -
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### 2. A PHOTO OF THE SELLER, AT LEAST 2" x 2" IN SIZE, MUST BE INCLUDED WITH THIS APPLICATION

Height: \_\_\_\_\_ **Attach recent photograph**  
 Weight: \_\_\_\_\_ **showing head and shoulders**  
 Color of Hair: \_\_\_\_\_ **clearly.**  
 Color of Eyes: \_\_\_\_\_  
 Gender: Male ☐ Female ☐

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### 3. BUSINESS INFORMATION - Permanent (Employer)

Business Name			
Street Address	City	State	Zip
Immediate Supervisor's Name		Phone No. ( ) -	

### 4. BUSINESS INFORMATION - Temporary (Local)

Street Address	City	Phone No. ( ) -
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5. Nature of business to be conducted \_\_\_\_\_  
 Brief description of goods/services offered: \_\_\_\_\_

**\* Attach to this application a sample of all brochures, information sheets, right to cancel forms, and handouts that will be used during sales.**

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

### 6. Proposed method of delivery of merchandise:

Date(s) of Sale	Location of Sale
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### 7. Make, Model & License Number of any vehicle(s) to be used in your business:

Make	Model	Year	License Plate #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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

\_\_\_\_\_

10. Have you been convicted of any felony, criminal violation, misdemeanor, ordinance violation, or any other violation of Federal, State or local laws in the last five years? Yes ☐ No ☐

**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	_____

Have you EVER been on Supervision or Probation? Yes ☐ No ☐

Have you EVER changed your name? Yes ☐ No ☐

If yes, list other names you have had: \_\_\_\_\_

Are there any CRIMINAL charges PRESENTLY PENDING against you? Yes ☐ No ☐

**PENDING CHARGES**

Date	____/____/____	Nature of Offense	_____
Date	____/____/____	Nature of Offense	_____
Date	____/____/____	Nature of Offense	_____
Date	____/____/____	Nature of Offense	_____

**Applicant's Statement**

**I appoint the City 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 consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Code of Ordinances of the City of Neillsville.**

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
City Clerk-Treasurer, City of Neillsville

**Code of Ordinances, CITY OF NEILLSVILLE  
Section 7-4-5 INVESTIGATION**

\_\_\_\_\_  
Chief of Police, City of Neillsville

\_\_\_\_\_  
Date

<b>***FOR OFFICE USE ONLY***</b>		
License # _____	Police _____	I.D. _____
Comments: _____		
_____		

**City of Neillsville  
106 W. Division Street, Neillsville, WI 54456  
Phone: 715-743-2105 Fax: 715-743-2727**