

\$25.00

CITY OF NEILLSVILLE
DIRECT SELLER APPLICATION

Ordinance Sec. 209-4

1. APPLICANT INFORMATION – Permanent

First Name	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. () -	

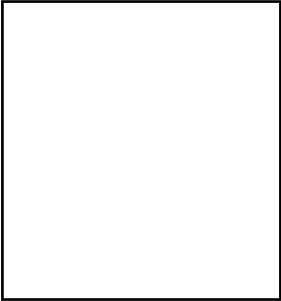
APPLICANT INFORMATION – Temporary

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: _____
Weight: _____
Color of Hair: _____
Color of Eyes: _____
Gender: Male ☐ Female ☐

**Attach recent photograph
showing head and shoulders
clearly**



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:

- 1. _____
- 2. _____
- 3. _____

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 209-5 INVESTIGATION

Chief of Police, City of Neillsville

Date

*** FOR OFFICE USE ONLY ***		
License # _____	Police _____	I.D. _____
Comments: _____		

