



**APPLICATION FOR DIRECT SELLER'S PERMIT**

**Fee: \$25.00/annual fee plus \$10.00 background check per employee**

Name of Applicant: First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last: \_\_\_\_\_

Permanent Street Address: Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Temporary Address (if applicable): Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Temporary: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Company Information:

Name of Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address of Company: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Nature of Business to be conducted and brief description of goods offered: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Method of Delivery of Goods: \_\_\_\_\_

Make of Vehicle to be used while business is conducted: \_\_\_\_\_

Model of Vehicle to be used while business is conducted: \_\_\_\_\_

Color of Vehicle to be used while business is conducted: \_\_\_\_\_

License Number of Vehicle to be used while business is conducted: \_\_\_\_\_ State: \_\_\_\_\_

Vehicle Registration Number (VIN Number): \_\_\_\_\_

Last Cities, Villages, or Towns, not to exceed three (3) where applicant last conducted similar business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Temporary address where business is being conducted:

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Location where applicant can be contacted for at least seven (7) days after leaving the Village of Mazomanie:

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Background Information:**

Has the applicant ever been convicted of any crime or ordinance violation related to applicant's direct seller's permit within the past five (5) years? Please include traffic violations. (The web site <http://wcca.wicourts.gov/index.xsl> may assist you in verification of any records.) (Use additional pages, if necessary.)

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Nature of Offense(s) including place and date of conviction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All questions must be answered completely. Failure to answer any or all questions completely may jeopardize the issuance of a direct seller's permit. The Village of Mazomanie reserves the right to enforce a 72 hour waiting period before issuing any direct seller's permit to do a background check and to verify the above information. The Village also reserves the right to deny any direct seller's permit based on the information obtained above or discovered during the background check.**

**Signature of Applicant:** \_\_\_\_\_

**For Office Use Only**

I have verified all information enclosed on this application and find it to be correct: Yes: \_\_\_\_\_ No: \_\_\_\_\_

I have verified all information and have found the following discrepancies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on the above information, I recommend issuance of this direct seller's permit in accordance with Chapter 195 of the Village of Mazomanie Code of Ordinances. Yes: \_\_\_\_\_ No: \_\_\_\_\_

Signature of Village Representative: \_\_\_\_\_