

VILLAGE OF MOUNT HOREB
APPLICATION FOR DIRECT SELLERS PERMIT

Fee: \$20.00

Name of Direct Seller _____

Address _____

Telephone number _____

Drivers License or Other Form of Identification _____

Date of Birth _____

Company Name _____

Address _____

Telephone number _____

Nature of Business _____

Type of Goods & Services Offered _____

Method of Delivery of Goods _____

Name, Model & License number of vehicle to be used by Applicant _____

Last three communities where Applicant conducted similar business _____

Place where Applicant can be contacted for at least 7 days after leaving Mt. Horeb _____

Does the Applicant have a State Certificate of Examination and Approval from the Sealer of Weights and Measures and/or a State Health Officer's Certificate, as required by the State of Wisconsin to conduct business? _____

Has the Applicant been convicted of any crime or other violations that substantially relate to direct sales activities within the last five years? _____

I certify that all information provided on this form is true and correct. I am familiar with the laws, ordinances and regulations and I hereby agree, if granted said license, to obey all provisions of said laws.

I hereby appoint the Village 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 the direct sales activities, if I cannot, after reasonable effort, be served personally.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, _____

Village Clerk or Notary Public

Date commission expires

TO BE COMPLETED BY POLICE CHIEF (OR DESIGNEE): _____ ACCEPTED _____ DECLINED

RECEIPT#/DATE: _____ POLICE CHIEF (OR DESIGNEE): _____