

## TOWN OF WEST BEND, WASHINGTON COUNTY, WISCONSIN

### DIRECT SELLER APPLICATION

I hereby apply for a permit to engage in Direct Selling in the Town of West Bend, from the date of issuance hereof for one year inclusive (unless sooner revoked). I agree to comply with all Laws, Resolutions, Ordinances and regulations, Federal, State or Local, that relate to the business I am engaged in.

**FEES:**      **Application: \$30.00**      **Cash Surety Bond: \$500.00**

FULL NAME							
ADDRESS							
CITY, STATE, ZIP							
PHONE NUMBER				DATE OF BIRTH			
DRIVER'S LICENSE NO.					STATE OF ISSUANCE		
HEIGHT		WEIGHT		HAIR COLOR		EYE COLOR	
FIRM YOU ARE REPRESENTING							
ADDRESS OF FIRM							
CITY, STATE, ZIP							
PHONE NUMBER OF FIRM							
TEMPORARY ADDRESS							
CITY, STATE, ZIP							
NATURE OF BUSINESS AND BRIEF DESCRIPTION OF GOODS OFFERED AND/OR SERVICES OFFERED							
METHOD OF DELIVERY OF GOODS							
VEHICLE MAKE/ MODEL				STATE/LICENSE NO.			
LAST THREE CITIES, VILLAGES, OR TOWNS WHERE YOU CONDUCTED SIMILAR BUSINESS BEFORE THIS APPLICATION							

Do you have a criminal record or any violations which are related to this business? ☐ Yes ☐ No

If Yes, date of conviction \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Nature of Offense \_\_\_\_\_

Name and location of Court \_\_\_\_\_

I hereby authorize the Town of West Bend, through the Town of West Bend Police Department, to obtain from the Federal Bureau of Investigation, and state agencies any information and records which those agencies may have concerning me; and hereby, consent to and waive any objection to the use of any such information and records by the Town in determining whether to grant a direct seller's permit.

\_\_\_\_\_  
Signature of Applicant

STATE OF WISCONSIN, COUNTY OF \_\_\_\_\_.

\_\_\_\_\_, being first duly sworn on oath, says that (s)he is the person who made and signed the foregoing application and that all the information given is true and correct.

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_