



**VILLAGE OF MISHICOT**

511 E. Main St.  
 P. O. Box 385  
 Mishicot, WI 54228-0385  
 Telephone: 920.755.2525  
 Fax: 920.755.2552  
 e-mail: clerk@vi.mishicot.wi.gov  
 www.vi.mishicot.wi.gov

**DIRECT SELLERS APPLICATION**

Legal Business/Owner's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business/Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FEIN or Last 4 of SS#: \_\_\_\_\_

Seller's Permit # (15 digits starting with 456): \_\_\_\_\_

Location of business to be conducted: \_\_\_\_\_

Make, Model, License # of vehicle used in this business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Description of items intended to be sold, disposed of or contracted for: \_\_\_\_\_

\_\_\_\_\_

Length of time you will be selling within the village limits: \_\_\_\_\_

**Employees to be covered by this Permit:** (if more than 3 employees, must file another application)

Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip
Height	Weight	Hair Color	Eye Color	
Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip
Height	Weight	Hair Color	Eye Color	
Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		City	State	Zip



<b>Height</b>	<b>Weight</b>	<b>Hair Color</b>	<b>Eye Color</b>	

Next page

Please state the last three cities, villages, or towns where you conducted similar business just prior to making this application:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Have you ever been convicted of any crime or ordinance violation related to the applicant's transient merchant business within the last five years? If yes, please state the date, nature of the offense and the place of conviction. \_\_\_\_\_

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

A copy of all contracts, order forms, or other documents used in this business shall be filed with this application. **If the application is not complete, a bond may be required prior to a permit being issued.** A fee of \$15.00 for each person listed on this application is required.

I certify that all of the information provided on this application is true and correct and agree to abide by Ordinance §172 of the Village of Mishicot ordinances.

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

\_\_\_\_\_  
 Date

---

**Office Use Only:**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_