

# Direct Sellers Permit Application

Date of Application: \_\_\_\_\_

Permit Fee: \$30.00

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

Date of Permit: \_\_\_\_\_

WI Sellers Permit #: \_\_\_\_\_

Retail Food Permit #: \_\_\_\_\_

Name of Business: \_\_\_\_\_

1. Name: (first, middle and last names required) Copy of drivers License required:

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

2. Address (Permanent and Temporary) & Telephone and Cell Phone and Fax Number: \_\_\_\_\_

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

3. Description of sales activity: (attach itemized list of goods and value thereof of goods to be sold) any items not so listed shall not be offered for sale under such permit.

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

4. Name and Address of employer with credentials establishing the exact relationship: (*Transient merchants will also be required to provide a list of all employees or other persons who will be engaged in the direct sales activity such list shall include the Date of birth of any such person.*)

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

5. Time, Date and location of the direct sales activity: (Where canvassing merchant or door-to-door direct sales activities, the applicant shall state on the application the duration of such activity and the areas to be included in the direct sales activity)

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

6. Description of vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Color: \_\_\_\_\_

7. Last cities, villages, towns, where applicant conducted similar business:

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

8. Statement as to whether applicant has been convicted of any crime or ordinance violating related to applicant’s direct sales merchant business within the last five years; the nature of the offense and the place of conviction. (Attach to this application)

9. Applicant shall present to the Clerk for examination:
- a. A driver’s license of some other proof of identity as may be reasonable required.
  - b. A State certificate of examination and approval from the sealer of weights and measures where applicant’s business requires use of weighting and measuring devices approved by State authorities.
  - c. Retail foods permit from the Health Department where the applicant’s business involves the handling of food.

10. Where sale of tangible personal property is involved, proof of seller’s permit, as required by WI State Statute 77.52.

I, \_\_\_\_\_, being duly sworn, state that I have read the foregoing answers, and the same are true to the best of my knowledge. I understand that any direct sales activity I engage in is limited to the time, date, location and the inventory representations on this application and all provisions of the Village of Hobart’s direct Sellers Ordinance. I hereby designate the Village of Hobart Clerk as my agent for the purposes of accepting service in any civil action arising out of/or in conjunction with the use of this permit.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Must be signed in front of the Notary.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary  
Printed Name of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
For office use only:

Application Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Application Denied: \_\_\_\_\_ Letter sent: \_\_\_\_\_