

# CITY OF ALTOONA

## DIRECT SELLER APPLICATION

Application must be accompanied by a filing fee of \$25.00 (per vehicle) and \$15.00 investigation fee (\$40.00 total) for each person applying for the license. Fees are not prorated and are non-refundable. The requirement for a background check may be waived for subsequent permits at the discretion of the Police Department.

### APPLICANT INFORMATION

Drivers License or I.D.#		DL State	Date of Birth		Phone No. (     )     -	
Male <input type="checkbox"/> Female <input type="checkbox"/>	First Name	Middle Name		Last Name		
Street Address (permanent home address)			City		State	Zip
Street Address (temporary address)			City		State	Zip
Last 4 digits of your Social Security Number:						

### BUSINESS INFORMATION

Business Name			
Street Address		City	State    Zip
Immediate Supervisor's Name		Phone	
List goods and/or services offered & method of delivery:			
Date of Sale:		Location of Sale:	

1. Have you EVER been convicted of any felony, criminal violation, misdemeanor, ordinance or any other Federal, State or local laws? ☐ Yes ☐ No

**LIST ALL PAST VIOLATIONS** If you need more room, please use a separate sheet of paper and attach hereto.

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

2. Are there any CRIMINAL charges PRESENTLY PENDING against you? ☐ Yes ☐ No

**LIST ANY PENDING VIOLATIONS** If you need more room, please use a separate sheet of paper and attach hereto.

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

\_\_\_\_\_  
Date                                  Nature of Offense

3. Have you EVER been on Supervision or Probation? ☐ Yes ☐ No

4. Have you EVER changed your name? ☐ Yes ☐ No

If yes, list other names you have had: \_\_\_\_\_

5. Have you ever been contacted by any consumer protection agency? ☐ Yes ☐ No

**6. List the name, location and date of the last three cities where you conducted business:**

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

**7. Location & phone number where you can be contacted for at least 7 days after leaving the city**

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

**8. Make, Model & License Number of any vehicle(s) to be used in your business:**

Make	Model	Year	License Plate #	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Applicant's Statement**

*I, appoint the City Clerk or his/her agent to accept services of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities in the event I cannot, after reasonable effort, be served personally.*

*I hereby certify that the answers on this application are true and correct to the best of my knowledge. I agree in the consideration of the granting of this license, to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Altoona.*

*I understand that the permit is valid for seven (7) days.*

*I will provide identification and Seller Permit upon request.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Checklist**

1. Applicant needs to provide a photo ID. Please attach a copy of the ID to this application.
2. Applicant needs to provide a sample of all brochures, information sheets, right to cancel forms, and handouts that will be used during sales.
3. Please submit this completed form, attachments and fees to:

City Clerk  
Altoona City Hall  
1303 Lynn Ave  
Altoona, WI 54720

**\*\*\* FOR OFFICE USE ONLY \*\*\***

License Number # _____	Payment received: _____ <small>Acct #100-00-44126-000-000</small>	
Police _____	Consumer Protection _____	I.D. _____
Comments: _____ _____		