

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: _____
Acct #100-00-44126-000-000

Police _____ Consumer Protection _____ I.D. _____

Comments: _____
