

\$25.00
Ordinance: 5.32

CITY OF ALTOONA

DIRECT SELLER APPLICATION

Phone: (715) 839-6092
Fax: (715) 839-1800

APPLICANT INFORMATION

Drivers License or I.D.#		DL State	Date of Birth	Phone No. () -	
Male <input type="checkbox"/>	First Name		Middle Name		Last Name
Female <input type="checkbox"/>					
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

*If you answered YES fill out the back of this form.

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

3. Have you EVER changed your name? Yes No

If yes, list other names you have had: _____

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

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 will provide identification and Seller Permit upon request.

Signature _____

Date _____

***Attach to this application a sample of all brochures, information sheets, right to cancel forms, and handouts that will be used during sales.**

List all past violations

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

PENDING CHARGES

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

Date ___/___/___ Nature of Offense _____

FOR OFFICE USE ONLY

License Number # _____ Payment received: _____

Police _____ Consumer Protection _____ I.D. _____

Comments: _____

Revised 8/09

CHECKLIST

- 1. Applicant needs to provide a photo ID. Attach copy to 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.**