

TOWN OF WARREN

REGISTRATION APPLICATION FOR DIRECT SELLER SALES

(NOTE: if more than one person from a company will be selling, EACH person must have a registration.)

NAME _____
FIRST FULL MIDDLE LAST

DATE OF BIRTH _____

HEIGHT _____

COMPANY ADDRESS _____

COLOR OF HAIIR _____

COLOR OF EYES _____

TELEPHONE # _____

WEIGHT _____

HOME ADDRESS _____

DRIVER'S LIC # _____

CIRCLE ONE:

Person, **Firm/Company**, **Association** or **Corporation** you represent or are employed by, or whose merchandise is being sold:

NAME _____

COMPANY NAME: _____

ADDRESS _____

TELEPHONE # _____

Nature of sales or solicitations to be conducted and a brief description:

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Location from which sales will be conducted:

Proposed dates and times of sales:

Wisconsin Seller's Permit # _____

Copy attached: ___ yes ___ no ___ NA

Proposed method of delivery of goods, if applicable:

Statement as to whether applicant has been convicted of any crime or ordinance violations related to applicant's sales within the last 5 years:

Nature of offense and place of conviction:

I, _____, do hereby appoint the Town Clerk as my Agent to accept

PRINT Name

service of process in any civil action brought against the applicant arising out of any sale, service performed or solicitation by the applicant in connection with the Direct Sellers' activities of the applicant in the event the applicant cannot, after reasonable effort, be served personally.

Applicant Signature _____

DATE: _____

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Be prepared to present the following:

- Driver's license or proof of identity.
- Copy of current Wisconsin Business tax Certificate (Seller's Permit).
- Copy of Health Inspection Certificate attached, if applicable.
- Wisconsin certificate of examinations and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by State authorities, if applicable.

I, the undersigned, have made an investigation of the applicant, and hereby

() Approve () Disapprove said Applicant

Dated this _____ day of _____ 20_____

Town Clerk