

BLOOMFIELD
N1100 Town Hall Road
Pell Lake, WI 53157

_____ TOWN
_____ VILLAGE

DIRECT SELLER APPLICATION

(Name)

(Permanent Address)

(Temporary Address)

(City, State, Zip)

(City, State, Zip)

Social Security _____

Date of Birth _____

Driver's License # _____

Age _____

Height _____

Weight _____

Eye color _____

Hair color _____

Name of person, firm, association, or corporation you represent or are employed by or whose merchandise is being sold

Temporary location (if any) from which business will be conducted

Nature of business and description of goods or services offered

Proposed method of delivery of goods, if applicable

Vehicle to be used by applicant while conducting business

Make _____ Model _____

License # _____ State _____

Last cities, villages, or towns where you conducted similar business:

1. _____

2. _____

3. _____

Place where you can be located for at least seven (7) days after leaving Bloomfield, following doing business here

Have you ever been convicted of any crime or ordinance violation related to your transient merchant business within the last five (5) years?

Yes No

If yes, please explain the nature of the offense and the place of conviction.

Signature of applicant

State of Wisconsin
Walworth County

_____, being first duly sworn on oath
(Print name above)

that he/she is the person who made and signed the foregoing application for registration as a direct seller; that all the statements made by the applicant are true.

I hereby appoint the Bloomfield Clerk as my agent to accept service 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 serviced personally.

Applicant sign here

Subscribed and sworn to before me this _____ day of _____,
20_____.

Notary Public
Commission expires _____

Approved Denied Reason (if denying) _____

Police Dept. Signature

Authorized Signature _____

Registration fee \$25.00 Paid BY: _____

Registration # _____

Date Issued _____, 20____ Date Expires _____, 20____