

Village/Town of Bloomfield
N1100 Town Hall Road
PO Box 609
Pell Lake, WI 53157
(262) 279-6039

(262) 279-3545 fax

Application for Registration as a Direct Seller

Name _____

Permanent address _____

Phone _____

Temporary address (if any) _____

Social Security _____ 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 the Town of 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.

State of Wisconsin
Walworth County

Signature of applicant

_____, being first duly sworn on oath that he/she is
Print name here
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 Town 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 _____

Registration fee paid \$ _____ Received by _____

Approved Denied Reason (if denying)

Signature

Authorized signature _____

Date Registration # _____ Issued _____, 20_____