

City of Chilton
Chilton City Clerk
42 School St.
Chilton, WI 53014
Phone: (920)849-2451

DIRECT SELLERS APPLICATION

FEE: \$20.00 (Non-Refundable)

RECEIPT: _____

1. Name _____ Soc. Security # _____

Permanent Address _____
Street City State Zip

Temporary address, if any _____

2. Date of Birth: _____ Height _____ Weight _____ Color of Hair _____

Color of Eyes _____

3. Person, firm, association or corporation that the direct seller represents or is employed by or whose merchandise is being sold.

Name _____ Telephone No. _____

Address _____

4. Temporary address and telephone number from which business will be conducted if any:

Address: _____

Telephone _____

5. List nature of business to be conducted and a brief description of the goods offered and any services offered.

6. State proposed method of delivery of goods if applicable.

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7. Vehicle used by applicant in the conduct of his/her business:

Make: _____ **Model:** _____

License Number: _____ **Color:** _____

8. List last three cities, villages or towns, including State, where applicant conducted similar business.

_____ **Date:** _____

_____ **Date:** _____

_____ **Date:** _____

9. List place where applicant can be contacted for at least seven days after leaving this City.

10. Has applicant been convicted of a felony, crime or ordinance violation related to applicants transient merchant business within the past five years?

Yes _____ **No** _____

10a. Convicted of a misdemeanor within the past five years?

Yes _____ **No** _____

List nature of offense: _____

Place of conviction (Name of Court) _____ **Date:** _____

11.

a. Drivers license _____

(Copy of Current Valid Driver's License must be attached.)**

b. If applicant's business requires use of weighing and measuring devices approved by State authorities, submit the following information:

State certificate number, etc. _____

c. If applicant's business involves handling of food or clothing and is required to be certified under state law, show certificate and list date and number of certificate:

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I understand that Wis. Stat. §943.201 provides criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the information is true and correct.
(This applies to both employee and employer agent.)

Dated: _____
(Applicant)

This application expires 12/31 of the current year.

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The above application has been checked and the application is

Approved: _____ **Disapproved:** _____

Dated: _____
(Chief of Police)