

**APPLICATION FOR DIRECT SELLER'S LICENSE**

**Section 12.09 Municipal Code**

**Copy of Department of Workforce Development (DWD) Seller's Permit**

**APPLICANT**

LAST NAME, FIRST NAME, MIDDLE INITIAL

SSAN

DOB

PLACE OF BIRTH (STATE/COUNTY)

PERMANENT HOME ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

TEMPORARY RESIDENCE OF APPLICANT:

CITY

STATE

ZIP CODE

TELEPHONE

ALIAS

HEIGHT

WEIGHT

EYES/HAIR

DL NO.

**DESCRIPTION OF VEHICLE USED BY APPLICANT IN THE CONDUCT OF BUSINESS**

LIC. PLATE NUMBER

STATE

EXPIRATION DATE

MAKE

MODEL

COLOR

**PLACE WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST SEVEN DAYS AFTER LEAVING THE CITY**

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

**ADDRESS FROM WHICH APPLICANT IS CONDUCTING BUSINESS**

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

**DESCRIPTION OF NATURE OF THE BUSINESS, GOODS OR SERVICES OFFERED**

\_\_\_\_\_

\_\_\_\_\_

**PROPOSED METHOD OF DELIVERY**

DELIVERED AT TIME OF SALE     MAILED     OTHER

**NAME OF COMPANY, CORPORATION OR FIRM APPLICANT REPRESENTS**

COMPANY/CORPORATION NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

**LIST THE LAST THREE CITIES, TOWNS WHERE APPLICANT CONDUCTED SIMILAR BUSINESS**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been convicted of any crime or ordinance violation related to direct selling within the last five years?     NO     YES

If YES, nature of offense: \_\_\_\_\_

Place of conviction: \_\_\_\_\_

Have you ever been convicted for either a misdemeanor or a felony?     NO     YES

If YES, nature of offense: \_\_\_\_\_

Place of conviction: \_\_\_\_\_

I understand that an incomplete application will delay the investigative process and that falsehoods or inaccuracies may preclude the issuance of a direct seller's license.

\_\_\_\_\_  
Applicant Signature

I hereby appoint the City Clerk or deputy to accept service of process in an 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.

\_\_\_\_\_  
Applicant Signature/Date

<b>Application fee paid:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Copy of drivers' license received:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Copy of Department of Workforce Development (DWD) permit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Municipal Court Checked – Monies Owed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Treasurer's Office Checked – Monies Owed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Drivers' license check completed by:</b>
<b>ID card printed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Approved by:</b>	<b>Approval date:</b>
<b>Denied by:</b>	<b>Denied date:</b>
<b>Comments:</b>	