CITY OF FORT ATKINSON

Direct Sellers Permit Application

Application Fee of $50.00 is Non-Refundable

1. Full Legal Name _____ Date of Birth: ____ / _____ / _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ Former Name: _____

Driver's License Number: _____ Height: _____ Weight: _____

Prior Street Address (if above address is less than 5 years)	City	State	ZIP	From	To

2. Name of Employer:

Employer Address:

Employer Contact Name and Telephone:

Method of Delivery of Goods:

Vehicle Information (Make, Model, Color, License Plate)

3. Last 3 locations where applicant conducted similar business.

4. Address where applicant can be contacted for at least 7 days after leaving city:

5. Have you ever been convicted of a crime or municipal ordinance violation relating to direct selling with the past five years?

YES NO If yes, please see below

Type of Violation	Month/Year	City	State

6. The following items must be presented at time of application.

a. Valid State Issued Driver's License or Photo Identification.

b. State Certificate of Weights & Measures if required.

c. State health officer's certificate for handling of food or clothing if required.

Certification: I hereby certify that the information on this application is complete, accurate and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my permit. Further, I understand that this permit is only valid within the city limits of Fort Atkinson.

Applicants are required to exhibit their permit during hours of operation. The under signed applicant does hereby appoint the Clerk of the City of Fort Atkinson his/her agent to accept service or process in any civil action brought against the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort, be served personally. Applicant will not present themselves door to door without permit in hand. Failure to comply could result in denial of license.

Date: _____ Signature of Applicant: _____

Police Department Recommendations and Comments:

Chief of Police: Approve: _____ Deny: _____

Clerk: Approve: _____ Deny: _____

Clerk of Courts: Approve: _____ Deny: _____