

VILLAGE OF WESTON
5500 SCHOFIELD AVENUE
WESTON, WI 54476
Phone (715) 359-6114
FAX (715) 359-6117

APPLICATION FOR DIRECT SELLERS LICENSE

PLEASE PRINT

Name of Solicitor: _____
Last First Middle

Permanent Address: _____
Street City State

Phone: _____ Birth Date: _____ Weight: _____
(Note: Copy of Work Permit needed for individuals under 18)

Height: _____ Color of Hair: _____ Color of Eyes: _____

Driver's License Number or other proof of Identity: _____
State Number

Name of Organization you are Representing: _____

Address: _____
Street City State

Person in Charge (if different from applicant): _____

Phone: _____ Birth Date: _____

Driver's License No.: _____

Temporary address from which sale sales or solicitations will be conducted (if applicable):

_____ Phone No.: _____

Briefly describe goods or services sold, method of solicitation and method of delivery: _____

Proposed dates and times of solicitation: _____

Do you plan to erect any structure in which solicitation will be conducted? Yes _____ No _____
If yes please describe the structure: _____

Do you plan to erect any signs? Yes _____ No _____ If yes you are required to apply for a sign permit. This is a separate application.

Make, Model and License Number (including state) of any vehicle to be used: _____

Last three cities, towns or villages where similar sales or solicitations were conducted:

1. _____

2. _____

3. _____

Place where you can be contacted for at least seven days after leaving this Village: _____

Have you been convicted of any crime or ordinance violation related to sales or solicitations or other transient merchant activities within the last five years? Yes _____ No _____

If answer is yes, give nature of offense and place of Conviction: _____

Are there any charges currently pending against you? Yes _____ No _____

If yes, give nature of the charges: _____

APPLICATION FEE - No application shall be processed until the following fee has been paid to the Clerk:
\$200/annually - \$100/6 months - \$50/month - \$20/week - \$5/day
Popcorn, Peanut, Ice Cream Wagon - \$25 yr.

Please read carefully before signing:

I declare under penalty of perjury that all of the above information is true and correct to the best of my knowledge and belief. I further agree to appoint the Village Clerk as my agent to accept service or process in any civil action brought against me arising out of any sale, service performed or solicitation by me in connection with the direct sales or solicitation activities in the event I cannot, after reasonable effort, be served personally. I voluntarily grant the Village of Weston the right to investigate the statements I have made in this application. I understand the Village of Weston will be doing a background check on each applicant pursuant to Article IV, Chapter 18 of the Code of Ordinances. I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of direct sellers and solicitors in the Village of Weston.

Date

Signature of Applicant

Date

Approval of Chief of Police

Date

Approval of Zoning Administrator