

APPLICATION FOR DIRECT SELLER'S PERMIT VILLAGE OF McFARLAND, WISCONSIN

Fee \$ 100.00 Permits are valid for 365 days from date of approval.

Permit # _____

Date of Application _____

Applicants Full Name _____
Last
First
Middle (Must have at least middle initial)

Permanent Home Address:			Local Address:		
Employer's Name & Address and Phone Number			Length of Service w/Employer:		
Nature of Goods or Services Offered:			Method of Delivery:		
Make, Model, License Plate #/State of Auto:			Driver's License #:		
Age:	Date of Birth:	Weight:	Height:	Eyes:	Hair:

PREVIOUS CITIES WORKED-LIST LAST 3

CITY	ADDRESS	DATE LEFT

Have you been convicted of any crime or ordinance violation within the last five years? Yes _____ No _____
 If yes, explain nature of offense and place of conviction.

Where can you be contacted for at least seven days after leaving the Village of McFarland?

The Undersigned, being first duly sworn on oath, deposes and says that he/she is the applicant in the foregoing application; that he/she has read and made complete answers to each question, and that his/her answers in each instance are true and correct.

Applicant Signature

Clerk-Notary Public

Subscribed and sworn to before me this
 ____ day of _____, 20__

Police Department: Approval _____ Denial _____

 Chief of Police signature

Upon approval of application, the registrant agrees that the Clerk shall be appointed his or her agent for receipt of services of process in any civil action brought against the applicant arising out of the performance or nonperformance of any sale or service performed by the registrant in connection with the direct sales activities in the event the registrant cannot, after reasonable effort, be served personally.

Date _____

Registrant Signature _____