



Direct Seller's License - To Sell Goods or Services

Fees:

- 1 year License - \$100
- 30 Day License - \$40
- 7 Day License - \$20

Applicant Information

Last Name:		First Name:		Middle Initial:	<input type="checkbox"/> Male
					<input type="checkbox"/> Female
Home Address:				City, State and Zip Code:	
Local Address, if applicable:				City, State and Zip Code:	
Phone Number:			E-mail Address:		
Date of Birth:			Social Security Number:		
Driver License/ID #:			State of Issuance:		
Age:	Weight:	Height:	Eye Color:	Hair Color	

Employer Information

Employer Name:	
Employer Address:	City, State and Zip Code:
Employer Phone Number:	Length of Service w/Employer:
Anticipated dates (or date range) of sales/service:	
Nature of Goods/Services Offered:	Method of Delivery:
Make, Model, and Color of Auto:	License Plate # and State of Issuance:

Notification

Provide the e-mail address we should use for notification when the license(s) is ready:

--

Prior Business

Have you conducted similar business or solicitation in any other city?

yes no

If yes, please list the last three.

City	State

Prior Convictions	
Have you been convicted of a crime or ordinance violation related to direct sales or solicitations?	
<input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please list all convictions related to direct sales or solicitations below. Any omissions could result in a denial of this application.	
Circumstances of the offense	Place of Conviction
Please attached additional sheets as necessary.	

Future Contact Information	
Provide contact information where you can be reach upon completion of the sales/services and for the seven days following the completion.	
Phone Number:	E-mail Address:
Mailing Address:	City, State and Zip Code:

Required Documentation
<input type="checkbox"/> - Payment by check or cash (see Fees listed above) <input type="checkbox"/> - A clear photocopy of your Driver License/State ID or other proof of identity <input type="checkbox"/> - A copy of your fingerprints taken by any authorized law enforcement agency. (The McFarland Police Department may be able to provide this service for a fee by appointment at 608-838-3151) <input type="checkbox"/> - If your goods/services involve the use of weighing/measuring devices – A state certificate of examination and approval from the sealer of weights and measures <input type="checkbox"/> - If your goods/services involve the handling of food or clothing – A state health officer’s certificate, stating that the applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date of application

Certification	
I certify that I am the applicant in the foregoing application and any attachments thereto, that I have read and made complete answers to each question, and that my answers in each instance are true and correct.	
Further, I agree that upon approval of this application, the Clerk shall be appointed as my agent for receipt of services of process in any civil action brought against the me arising out of the performance or nonperformance of any sale or service performed by me in connection with the direct sales activities in the event that I cannot, after reasonable effort, be served personally.	
Signature of Applicant:	Date:

FOR OFFICE USE ONLY	
RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT	
<input type="checkbox"/> - Approved <input type="checkbox"/> - Denied <input type="checkbox"/> - Rejected – Incomplete Application	
Signature of Police Chief:	Date: