



DIRECT SELLERS REGISTRATION APPLICATION
CITY OF MIDDLETON, WISCONSIN

Phone Number: _____

Applicant: _____

Date of Birth: _____ Last _____ First _____ Middle _____
Ht: _____ Wt: _____ Eyes: _____ Hair: _____

Applicant's Local Address: _____

Applicant's Permanent Address: _____

Employer's Name & Address: _____

Local Business Address: _____

Length of Service with Employer: _____

Nature of Goods/Services Offered: _____

Method of Delivery: _____

Dates Requested to do Business in Middleton: _____

Vehicle Description & License No.: _____

Applicant's Driver's License No.: _____

Have you been convicted of any crime, misdemeanor or violation relating in any way to your business with in the last 5 years?
_____ If yes, list nature of the offense(s) and the conviction, if any: _____

List three (3) locations, including addresses where applicant conducted business immediately preceding this application:

Place where applicant can be contacted for at least 7 days after leaving the City: _____

Attachments:

- _____ Photograph (approx. 2"x2") showing head and shoulders of applicant which was taken no more than 1 year prior to app.
- _____ Fingerprints taken by any authorized law enforcement agency.
- _____ Credentials establishing relationship with employer.
- _____ State certificate of examination and approval from the sealer of weights and measures if applicable.
- _____ State health officer's certificate where applicant's business involves handling of food or clothing dated not more than 90 days prior.
- _____ \$30.00 processing fee.

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

Subscribed and sworn to before me
This _____ day of _____, 20 ____.

Clerk/Notary Public

Applicant's Signature
() approved () denied

Chief of Police
Dated: _____