

APPLICATION FOR _____ LICENSE
DIRECT SELLERS, TRANSIENT MERCHANTS, OR SOLICITORS

FEE: \$100.00/YEAR PER COMPANY PLUS ADDITIONAL \$15.00/EMPLOYEE

APPLICATION FEES WILL NOT BE REFUNDED. A POLICE BACKGROUND CHECK WILL BE COMPLETED. PLEASE READ CAREFULLY & ANSWER ALL QUESTIONS. FALSIFICATION AND/OR MISREPRESENTATION MAY BE GROUNDS FOR DENIAL.

Application form for a license under Chapter 7, conforming with the City of Shawano, Wisconsin, ordinance relating to Licensing of Direct Sellers, Transient Merchants, and Solicitors.

Name, address and telephone number of the person, firm, association or corporation that the direct seller represents or is employed by or whose merchandise is being sold.

Company Name: _____

Contact Person: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____ Email: _____

Temporary address from which sales or solicitation will be conducted, if any, _____

Nature of the sales or solicitations to be conducted and a brief description of the goods and/or services to be offered. _____

Proposed dates and time of sales or solicitations. _____

Proposed method of delivery of goods, if applicable. _____

List (3) cities, villages and/or towns where applicant conducted similar sales or solicitations.

Place where applicant can be contacted for at least (7) days after leaving the City of Shawano.

Has applicant ever been convicted of any crime or ordinance violation related to applicant's sales or solicitation or other transient merchant activities within the last (5) years? YES NO

If so, please state nature of the offense and place of conviction. _____

Please complete the following information for all employees that will be conducting sales or solicitations for your company, further a copy of the Driver's License or State ID MUST be attached for each employee listed:

Name: _____ Male Female

Address: _____ Height: _____

_____ Weight: _____

Telephone #: _____ Hair Color: _____

Date of Birth: _____ Eye Color: _____

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Address: _____ Height: _____

_____ Weight: _____

Telephone #: _____ Hair Color: _____

Date of Birth: _____ Eye Color: _____

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