

Application Date: _____

FEE: 1-Year \$62.00

**VILLAGE OF GREENDALE
STATE OF WISCONSIN
APPLICATION FOR TRANSIENT MERCHANT – DIRECT SELLER’S PERMIT**

1. NAME: _____
Last First Middle Initial

2. ADDRESS: _____
Street City State Zip

3. TELEPHONE: Permanent _____ Temporary _____

4. TEMPORARY LOCAL ADDRESS: _____
Street City State Zip

IF LOCATED IN MALL, PLEASE INDICATE SPACE OR KIOSK LOCATION NUMBER: _____

5. DATE OF BIRTH: _____ WT _____ HT _____ HAIR _____ EYES _____

6. NAME & ADDRESS OF PERSON, FIRM, ASSOCIATION OR CORPORATION YOU REPRESENT: _____

Name Street City State Zip

7. NATURE OF BUSINESS / SERVICE: _____

WHAT GOODS ARE SOLD: _____

HOW WILL DELIVERY BE MADE: _____

8. VEHICLE: _____
Make Model Color License No. State of License

9. LIST THE LAST 3 CITIES, VILLAGES OR TOWNS WHERE YOU HAVE CONDUCTED BUSINESS:

(1) _____ (2) _____ (3) _____

10. GIVE YOUR CONTACT POINT FOR 7 DAYS AFTER LEAVING GREENDALE: _____

11. LIST FELONY OR MISDEMEANOR CONVICTIONS WITHIN THE PAST 5 YEARS, NATURE OF OFFENSE AND PLACE OF CONVICTION.

(Write "None" if None): _____

I HEREBY APPOINT THE CLERK, VILLAGE OF GREENDALE, MY AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST ME ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY ME IN CONNECTION WITH ANY DIRECT SALES ACTIVITIES WITHIN THE CORPORATE BOUNDRIES OF THE VILLAGE OF GREENDALE.

Signature of Representative

Date

Chief of Police Approve _____ Denied _____ Date _____ Valid Thru: _____, 20____
Receipt No. _____ Date _____ Cashier _____ **Copy of DL or ID must be attached**