

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

SUBSCRIBED AND SWORN TO BEFORE ME

this day of , 20

Village Clerk or Notary Public

My commission expires

Chief of Police Approve Denied Date Valid Thru: , 20

Receipt No. Date Cashier Copy of DL or ID must be attached