REGISTRATION FEE: _	
DAILY LICENSE FEE:	
PERMIT NO	

## VILLAGE OF NEW GLARUS DIRECT SELLER'S REGISTRATION FORM APPLICATION DATE:

PERMANENT ADDRESS: TELEPHONE: TEMPORARY ADDRESS: TELEPHONE: BIRTHDATE: WEIGHT: HEIGHT: HAIR COLOR: EYE COLOR:
TEMPORARY ADDRESS: TELEPHONE: BIRTHDATE: WEIGHT: HEIGHT:
TELEPHONE: WEIGHT: HEIGHT:
BIRTHDATE: WEIGHT: HEIGHT: HAIR COLOR: EYE COLOR:
HAIR COLOR: EYE COLOR:
111111111111111111111111111111111111111
DRIVER'S LICENSE NUMBER:
NAME OF FIRM REPRESENTED:
ADDRESS:
ADDRESS: EMAIL: EMAIL:
DATE(S) FOR WHICH PERMIT IS REQUESTED:
TEMPORARY ADDRESS FROM WHICH BUSINESS WILL BE CONDUCTED:
NATURE OF BUSINESS AND DESCRIPTION OF GOODS AND/OR SERVICES OFFERED:
PROPOSED METHOD OF DELIVERY:
CAR LISED IN BUSINESS:
CAR USED IN BUSINESS:
LAST THREE (3) COMMUNITIES WHERE YOU CONDUCTED BUSINESS:
PLACE YOU CAN BE CONTACTED AT LEAST SEVEN (7) DAYS AFTER LEAVING NEW GLARUS
HAVE YOU BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO YOUI BUSINESS WITHIN THE LAST FIVE (5) YEARS? YES NO IF YES, NATURE OF OFFENSE: PI ACE OF CONVICTION:

## **NOTICE TO APPLICANT:**

THIS REGISTRATION SHALL BE VALID FOR ONE (1) YEAR FROM DATE OF APPLICANT'S SIGNATURE.

PLEASE PRESENT YOUR DRIVER'S LICENSE OR PROOF OF IDENTIFICATION WITH APPLICATION. WHEN APPLICABLE, PRESENT YOUR STATE PERMIT AND/OR CERTIFICATE OF EXAMINATION AND APPROVAL FOR THE SEALER OF WEIGHTS AND MEASURES AND/OR STATE HEALTH OFFICERS CERTIFICATE.

PLEASE NOTE THAT ORDINANCE 274-5 REQUIRES AN INVESTIGATION OF THE STATEMENTS BY THE POLICE DEPARTMENT AND SAID INVESTIGATION SHALL BE COMPLETED WITHIN FIVE DAYS OF THE REFERRAL.

ATTACHED FOR REFERENCE PLEASE FIND:

ORDINANCE 274-7 PROHIBITED ACTS; DISCLOSURE REQUIREMENTS.

**ORDINANCE 274-4** APPLICATION PROCEDURE

ORDINANCE 274-5 INVESTIGATION and ORDINANCE 274-6 APPEALS

[REVERSE SIDE OF FORM MUST BE COMPLETED]

I,, HEREBY CERTIFY THAT IN MAKING THIS APPLICATION, I HAVE TRUTHFULLY ANSWERED ALL QUESTIONS CONTAINED HEREIN TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT I AM AWARE OF THE PROVISIONS OF THE NEW GLARUS VILLAGE ORDINANCE		
	E TO ABIDE BY ITS CONDITIONS; AND THAT I AM AWARE THAT I'RIS APPLICATION VOIDS THE LICENSE THAT MAY BE ISSUED ITAINED.	
DATE:		
	Applicant Signature	
WITNESS:	Clerk-Treasurer / Deputy Clerk-Treasurer Chief of Police or Notary	
AGENT TO ACCEPT SERVICE OR PROCES OF ANY SALE OR SERVICE PERFORMED B I CANNOT, AFTER REASONABLE EFFORT B	INT THE CLERK OF THE VILLAGE OF NEW GLARUS AS MY S IN ANY CIVIL ACTION BROUGHT AGAINST ME ARISING OUT Y ME IN CONNECTION WITH MY DIRECT SALES ACTIVITIES, IF E SERVED PERSONALLY.	
DATE:	Applicant Signature	
WITNESS:	Clerk-Treasurer / Deputy Clerk-Treasurer Chief of Police, or Notary	
POLICE INVESTIGATION:		
Date referred to Police Department:		
Investigation Completed by:		
Date:		
Comments:		
Approve or Deny		
LICENSE ISSUED:, B		
DATES VALID:		

Municipal Ordinance § 274-4 Rev. 11/2012

Clerk.forms.direct seller.doc