



**CITY OF FORT ATKINSON**  
 Direct Sellers Permit Application  
 Application Fee is Non-Refundable

Application Fee \$25.00

Rec #

Staff

1. Full Legal Name \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Former Name: \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Prior Street Address (if above address is less than 5 years)	City	State	ZIP	From	To

2. Name of Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Contact Name and Telephone: \_\_\_\_\_  
 Method of Delivery of Goods: \_\_\_\_\_  
 Vehicle Information (Make, Model, Color, License Plate) \_\_\_\_\_

3. Last 3 locations where applicant conducted similar business.	Dates	Contact Name

4. Address where applicant can be contacted for at least 7 days after leaving city: \_\_\_\_\_

5. Have you ever been convicted of a crime or municipal ordinance violation relating to direct selling with the past five years?  
 YES NO If yes, please see below

Type of Violation	Month/Year	City	State

7. The following items must be presented at time of application.
- a. Completed Direct Seller Permit Application.
  - b. Valid State Issued Driver's License or Photo Identification.
  - c. State Certificate of Weights & Measures if required.
  - d. State health officer's certificate for handling of food or clothing if required.

Certification: I hereby certify that the information on this application is complete, accurate and true. I understand that an inaccurate, misleading, or false answer constitutes sufficient reason for rejection, denial, non-renewal, or revocation of my permit. Further, I understand that this permit is only valid within the city limits of Fort Atkinson.  
 Applicants are required to exhibit their permit during hours of operation. The under signed applicant does hereby appoint the Clerk of the City of Fort Atkinson his/her agent to accept service or process in any civil action brought against the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort, be served personally.  
 Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Police Department Recommendations and Comments:	<i>Police: Initial Line Adjacent to Recommendation</i>
	Approve: _____ Deny: _____
	Clerk Initial: _____
	Notes: _____