



City of Menasha Direct Sellers Registration

Provide a brief description of:

- Items being sold: _____
- Nature of business to be conducted: _____
- Any services offered: _____

Business Name	Business Address	Business Phone Number
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Applicant Information

Last Name	First Name	Middle Name
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Physical Street Address (cannot be a P.O. Box)	City	State	ZIP Code
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Phone Number	Driver's License or State ID No.	State of Issue	Exp. Date
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Height	Weight	Eye Color	Hair Color	Date of Birth
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Proposed method of delivery of goods or services: _____

Vehicle Identification: _____

Make	Model	Year	Licenses Plate Number
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Previous Cities of Business Conduct (not to exceed three)

1. _____
2. _____
3. _____

Are you working on behalf of a nonprofit organization? YES NO

Name of Organization	Address	Length of time at address
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Note: A license may be denied or revoked if applicant fails to provide accurate information or the information is incomplete.

Have you ever been convicted of any crime or ordinance violation related to applicants business within the last 5 years? YES NO

If YES, please list the offense and place of conviction below:

Acknowledgements & Signature

By signing this application, the applicant agrees to abide, along with all agents of his/her respected company, or organization, by the following conditions:

1. The applicant agrees that solicitation is prohibited from: calling at any dwelling or other place between the hours of 7:00 p.m. and 9:00 a.m. or calling at any dwelling or other place where a sign is displayed bearing the words "No Peddlers," "No Solicitors" or words of similar meaning; calling at the rear door of any dwelling place; or remaining on any premises after being asked to leave by the owner, occupant or other person having authority over such premises.
2. The applicant agrees not to misrepresent or make false, deceptive or misleading statements concerning the quality, quantity or characteristics of any goods offered for sale, the purpose of his/her visit, his/her identity or the identity of the organization he/she represents.
3. The applicant agrees that this registration form **WILL** be produced to any resident or law enforcement.
4. All direct sellers shall wear upon their person a clearly, legible identification card or tag.
5. Name and Wisconsin address of person, on behalf of applicant, to accept legal service of process, if necessary: Applicant or _____

Agent Name

Agent Address

_____, have received a copy of Title 7, Chapter 4, SEC. 7-4-1 of the Code of Ordinances (Direct Sellers).

Applicant Signature

Date

For Office Use Only

New Application (\$20) Expiration Date (90 days) _____
 Registered Presented Photo ID
 Denied

Clerk/Deputy Clerk Signature

Date