

**CITY OF STURGEON BAY  
DIRECT SELLER / PEDDLER PERMIT APPLICATION**

PRINT NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

TEMPORARY ADDRESS & TELEPHONE NUMBER FROM WHICH BUSINESS SHALL BE CONDUCTED:

\_\_\_\_\_

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

NAME, ADDRESS, & TELEPHONE NUMBER (OF PERSONS, FIRM, ASSOCIATION, OR CORPORATION THAT DIRECT SELLER REPRESENTS OR IS EMPLOYED BY, OR WHOSE MERCHANDISE IS BEING SOLD)

\_\_\_\_\_

\_\_\_\_\_ TELEPHONE \_\_\_\_\_

NATURE OF BUSINESS TO BE CONDUCTED & BRIEF DESCRIPTION OF GOODS OR SERVICES OFFERED:

\_\_\_\_\_

\_\_\_\_\_

PROPOSED METHOD OF DELIVERY (IF APPLICABLE): \_\_\_\_\_

MAKE, MODEL, YEAR OF VEHICLE TO BE USED: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_ STATE LICENSED ISSUED: \_\_\_\_\_

NAME OF THREE CITIES, TOWNS, OR VILLAGES WHERE LAST WORKED CONDUCTING SIMILAR BUSINESS:

1. \_\_\_\_\_ DATES \_\_\_\_\_

2. \_\_\_\_\_ DATES \_\_\_\_\_

3. \_\_\_\_\_ DATES \_\_\_\_\_

PLACE WHERE YOU CAN BE CONTACTED AT LEAST SEVEN DAYS AFTER LEAVING STURGEON BAY:

\_\_\_\_\_ PHONE \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR ORDINANCE VIOLATION RELATED TO YOUR TRANSIENT MERCHANT BUSINESS WITHIN THE LAST FIVE (5) YEARS? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES, PLEASE PROVIDE DATE, PLACE, AND NATURE OF OFFENSE: \_\_\_\_\_

\_\_\_\_\_

I, THE UNDERSIGNED, DO HEREBY APPOINT THE CITY CLERK AS 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 THE DIRECT SALES ACTIVITIES OF MYSELF, IN THE EVENT THAT I CANNOT, AFTER REASONABLE EFFORT, BE SERVICED PERSONALLY. ALSO, I HEREBY AUTHORIZE THIS RELEASE OF RECORDS INFORMATION TO THE CITY OF STURGEON BAY FOR LICENSING PURPOSES. THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE AND I HAVE NOT OMITTED ANY PERTINENT INFORMATION.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

PURSUANT TO ORDINANCE 1152-0805, THE UNDERSIGNED HAS MADE THE INVESTIGATION REQUIRED IN THE CASE OF THE APPLICATION OF THE SAID APPLICANT FOR A DIRECT SELLER, PEDDLER, OR TRANSIENT MERCHANT PERMIT. THE UNDERSIGNED RECOMMENDS THAT A PERMIT BE GRANTED TO SAID APPLICANT.

CHIEF OF POLICE \_\_\_\_\_

DATE \_\_\_\_\_

CITY CLERK \_\_\_\_\_

DATE \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

PERMIT VALID 30 DAYS: \_\_\_\_\_

- COPY OF DRIVER'S LICENSE
- COPY OF STATE CERT WEIGHTS & MEASURES
- COPY OF STATE HEALTH OFFICERS CERT
- \$28.00 DIRECT SELLER/PEDDLER FEE PAID