DIRECT SELLERS REGISTRATION

11.15(7)(a)(i) OF THE MUNICIPAL CODE

Definition: A Direct Seller shall be prohibited from Calling at any dwelling or place, except by appointment; 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.

1. Fill out application form; sign and date. If additional space is needed, use reverse of application.

2. Present completed application form to Town Clerk.

3. Present for examination by Town Clerk:

    a. Driver’s license or other proof of identity.

    b. Written permission of property owner to use specified location.

    c. State certificate of examination and approval from Sealer of Weights & Measures <u>if</u> your business requires use of weighing and measuring devices approved by state authorities;

    d. State health officer’s certificate <u>if</u> your business involves the handling of food or clothing and is required by state law.

If items1 through 3 are satisfactorily complied with continue to item 4:

4. Pay $ 50.00 fee to Clerk to cover the cost of processing the application and investigating the applicant.

5. Applicant must sign the “Statement” as to service of process in civil action.

6. Application is immediately referred to Chief of Police who shall make a prompt investigation of the statements made in the registration application form. The investigation will be completed within two (2) weeks of being referred to the Chief of Police.

NOTE:

THE APPLICANT **<u>MAY NOT</u>** CONDUCT ANY BUSINESS IN THE TOWN OF DELAVAN UNTIL BECOMING A REGISTERED DIRECT SELLER.

7. Upon approval by the Chief of Police, the applicant shall be registered by the Town Clerk as a Direct Seller for a period of one (1) year.

8. If the application is not approved by the Chief of Police, the Town Clerk shall deny the application and notify the applicant by mail. The application fee is non-refundable.

TOWN OF DELAVAN

A. Name_____
First Middle Last

Permanent Address_____

Telephone No. ( ) _____ Date of Birth_____

Social Security Number_____

Driver's License No._____

Temporary Address (if any) _____

Address where you can be notified regarding the action of this application_____

_____

B. Age_____ Height_____ Weight_____

Color of Hair_____ Color of Eyes_____

C. Name of person, firm, association or corporation you represent or are employed by, or whose merchandise is being sold_____

D. Temporary Location (address and telephone no.) from which business will be conducted, if any _____

E. Nature of business and description of goods or services offered_____

_____

F. Proposed method of delivery of goods, if applicable_____

_____

G. Vehicle to be used by applicant while conducting business:

Make _____Model _____License No. _____State____

H. Last Cities, villages or towns where you conducted similar business:

1. _____
2. _____
3. _____

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I. Place where you can be located for at least 7 days after leaving Delavan, following doing business here _____

_____

J. Have you been convicted of any crime or ordinance violation related to your transient merchant business within the last 5 years? _____. If yes, explain nature of offense and place of conviction _____

_____

_____
Signature of Applicant

STATE OF WISCONSIN)
) ss
_____ COUNTY)

_____, being first duly sworn on oath that he (she) is the person who made and signed the foregoing application for registration as a direct seller; that all the statements made by the applicant are true.

I hereby appoint the Town 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 my direct sales activities in the event I cannot, after reasonable effort, be serviced personally.

_____
Applicant sign here

Subscribed and sworn to before me this
_____day of _____, 20____

_____
Notary Public

_____County, Wisconsin

Registration Fee Paid $ _____ Received by _____

Approved _____Disapproved _____ Reason _____

_____ _____
Date Chief of Police

Registration No _____ Issued on _____ by _____
Date Town Clerk