

REGISTRATION FEE: \_\_\_\_\_  
DAILY LICENSE FEE: \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_

VILLAGE OF NEW GLARUS  
DIRECT SELLER'S REGISTRATION FORM  
TODAY'S DATE: \_\_\_\_\_

SELLER'S NAME: \_\_\_\_\_  
PERMANET ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
TEMPORARY ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_  
HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
DRIVER'S LICENSE NUMBER: \_\_\_\_\_

NAME OF FIRM REPRESENTED: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_

TEMPORARY ADDRESS FROM WHICH BUSINESS WILL BE CONDUCTED:  
\_\_\_\_\_

NATURE OF BUSINESS AND DESCRIPTION OF GOODS AND/OR SERVICES  
OFFERED: \_\_\_\_\_

PROPOSED METHOD OF DELIVERY: \_\_\_\_\_

CAR USED IN BUSINESS: \_\_\_\_\_  
Make Model License number

LAST THREE (3) LOCATIONS 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 YOUR BUSINESS WITHIN THE LAST FIVE (5) YEARS?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, NATURE OF OFFENSE: \_\_\_\_\_  
PLACE OF CONVICTION: \_\_\_\_\_

[REVERSE SIDE OF FORM MUST BE COMPLETED]

**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 CERTIFICATE OF EXAMINATION AND APPROVAL FOR THE SEALER OF WEIGHTS AND MEASURES AND/OR STATE HEALTH OFFICERS CERTIFICATE.

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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 REGULATING DIRECT SELLERS AND AGREE TO ABIDE BY ITS CONDITIONS; AND THAT I AM AWARE THAT ANY FALSE STATEMENT OR ANSWER ON THIS APPLICATION VOIDS THE LICENSE THAT MAY BE ISSUED ON THE BASIS OF THE FACTS HEREIN CONTAINED.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

WITNESS: \_\_\_\_\_  
Clerk-Treasurer / Deputy Clerk-Treasurer  
Chief of Police  
or Notary

I, \_\_\_\_\_, HEREBY APPOINT THE CLERK OF THE VILLAGE OF NEW GLARUS AS MY AGENT TO ACCEPT SERVICE OR 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, IF I CANNOT, AFTER REASONABLE EFFORT BE SERVED PERSONALLY.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

WITNESS: \_\_\_\_\_  
Clerk-Treasurer / Deputy Clerk-Treasurer  
Chief of Police  
or Notary

LICENSE ISSUED: \_\_\_\_\_, BY \_\_\_\_\_  
Date

DATES VALID: \_\_\_\_\_