

VILLAGE OF NEW GLARUS
DIRECT SELLER'S REGISTRATION FORM
APPLICATION DATE: _____

SELLER'S NAME: _____
PERMANENT ADDRESS: _____
TELEPHONE: _____
TEMPORARY ADDRESS: _____
TELEPHONE: _____
BIRTHDATE: _____ WEIGHT: _____ HEIGHT: _____
HAIR COLOR: _____ EYE COLOR: _____
DRIVER'S LICENSE NUMBER: _____

NAME OF FIRM REPRESENTED: _____
ADDRESS: _____
TELEPHONE: _____ EMAIL: _____

DATE(S) FOR WHICH PERMIT IS REQUESTED: _____

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) COMMUNITIES 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: _____

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

PLEASE NOTE THAT ORDINANCE 274-5 REQUIRES AN INVESTIGATION OF THE STATEMENTS BY THE POLICE DEPARTMENT AND SAID INVESTIGATION SHALL BE COMPLETED WITHIN FIVE DAYS OF THE REFERRAL.

ATTACHED FOR REFERENCE PLEASE FIND:

ORDINANCE 274-7 PROHIBITED ACTS; DISCLOSURE REQUIREMENTS.

ORDINANCE 274-4 APPLICATION PROCEDURE

ORDINANCE 274-5 INVESTIGATION and ORDINANCE 274-6 APPEALS

[REVERSE SIDE OF FORM MUST BE COMPLETED]

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

POLICE INVESTIGATION:

Date referred to Police Department: _____

Investigation Completed by: _____

Date: _____

Comments: _____

Approve or Deny

LICENSE ISSUED: _____, **BY** _____
 Date

DATES VALID: _____