

VILLAGE OF WATERFORD

123 N. RIVER STREET
WATERFORD, WI 53185
PH: (262) 534-3980

Fee: \$30 per applicant

DIRECT SELLER PERMIT APPLICATION

FOR PEDDLERS, SOLICITORS, TRANSIENTS AND OTHER SIMILAR MERCHANTS
(Pursuant to Village of Waterford Municipal Code Chapter 182, Article I)

Applicant's Name: _____ E-Mail Address: _____

Date of Birth _____ Height _____ Weight _____ Sex _____ Hair _____ Eyes _____

Drivers License Number _____ State License Issued From _____

Local/Temporary Address from which business will be conducted:

_____ Telephone: _____

Applicant's Permanent address: _____ Telephone: _____

Applicant's Temporary address: _____ Telephone: _____

Brief description of nature of business and goods to be sold (**See documentation needed based on the type of goods being sold on page 2**) _____

Name, address and phone number of the person, partnership, association, corporation or other entity that you represent, or are employed by, or whose merchandise is being sold:

Name _____

Address _____

Phone No. _____

How long do you intend to do business in Waterford _____

Make, model and license plate number of vehicle used by applicant: _____

Method of delivery of goods if applicable: _____

Address and telephone # where applicant can be contacted **for at least seven days** after leaving the Village:

Address _____

Phone No. _____

Within the last 5 years have you been convicted of any felony, misdemeanor or ordinance related to your direct sales activity? Yes _____ No _____

If yes please describe the nature of offense(s) and place(s) of conviction: _____

List the last three cities/towns/villages where you have conducted business:

1. _____
2. _____
3. _____

The following items must be presented to the Clerk for examination before a permit can be issued (copies must be on file):

- ☐ A driver's license or some other proof of identity as may be reasonably required.
- ☐ A Wisconsin certificate of examination and approval from the Sealer of Weights and Measures (only where applicant's business requires use of weighing and measuring devices).
- ☐ Any applicable Wisconsin certificate where your business involves the handling of goods or food and is required to be certified under Wisconsin law. The certificate must be valid and remain valid through the end of the period you will do business in the Village.
- ☐ A current Seller's Permit issued by the Wisconsin Department of Revenue, if applicable.
- ☐ Any other information reasonably necessary to investigate other licensing required by the State.
- ☐ A \$5,000 surety bond by a bonding company authorized to do business in the state of Wisconsin. The bond shall be for the purpose of protecting the public against fraud, and shall be conditioned to pay any judgment that may be obtained against you for civil liability arising out of engaging in your business or occupation in the Village. In the alternative, you may deposit with the Village Clerk a certified check in the amount of \$5,000 which will be returned to you 30 days after completion of the business activity, provided that no complaints of fraud have been filed against you.

IRREVOCABLE POWER OF ATTORNEY:

I, the applicant, hereby appoint the Village Clerk of the Village of Waterford as my agent to accept service of summons for all causes of action against me arising out of the conduct of my business or occupation as a permit holder. Service of a summons in all causes of action described in this section may be made upon me by sending two copies of such summons to the Village Clerk by registered U.S. mail. The Village Clerk shall immediately upon receipt thereof endorse upon each copy the date and hour received, and shall file one copy whereupon service of said summons shall be deemed to be completed upon me. The Village clerk shall on the same day send to me the other copy of the summons so received by registered U.S. mail, return receipt requested, at my permanent address, listed above.

CONSENT TO BACKGROUND INVESTIGATION. I, the applicant, hereby consent to a background investigation by the Village of Waterford.

I, _____, DEPOSE AND SAY THAT I AM THE APPLICANT NAMED IN THE FOREGOING APPLICATION, AND THAT MY ANSWERS IN EACH INSTANCE ARE TRUE AND CORRECT.

Signature of Applicant Date

Subscribed and Sworn before me this
_____ day of _____ 20____.

Clerk, Notary Public

☐ Approve
☐ Disapproved this _____ day of _____ 20____.

Officer In Charge
Comment for Disapproval _____
