

TOWN OF EAGLE APPLICATION FOR DIRECT SELLER'S PERMIT

| Permanent Address: | | | | |
|--|-------------------------|--------------------|----------------------|--------------------------|
| Temporary Address (i | f applicable): | | | |
| | | | | |
| Phone Number: | | | | |
| Date of Birth | Height | Weight | Hair color | Eye color |
| Company Name: | | | | |
| Company Address: | | | | |
| Company Phone Num | ber: | | | |
| Temporary Company | Address and Phone N | Number (if applica | ble): | |
| Nature of Business an | d a brief description o | of the merchandis | e/services offered: | |
| | | | | |
| Method of Delivery, if | applicable: | | | |
| Most recent cities, villa | ages, or towns where | applicant has cor | nducted business: | |
| Have you been convict If "Yes", describe the r | | | | |
| | | | | |
| Attach a current passp | oort-size photo. (Same | e photo shall be c | arried by approved a | applicant while on duty. |
| All applicants must pa | y a non-refundable fe | e of \$50.00. | | |
| The attest the content | s of this application a | re true and correc | t and consent to a b | ackground check. |
| Signature of Applicant | · - | | Date: | |
| | | | | |

Upon application the following items will need to be examined by the Town Clerk: A Wisconsin Driver's License or ID Card, a certificate of examination and approval from the Sealer of Weights and Measures if the applicant's business requires the use of weighing and measuring devices, a state health officers certification if the applicant's business involves the handling of food or clothing and is required to be certified under state law.