

**PERMIT APPLICATION** for  
**Registration of**  
**Direct Seller/Direct Purchasers**



SECTION 11.130  
 CITY OF MANITOWOC  
 900 QUAY ST

Permit # \_\_\_\_\_  
 License fee: \$75.00  
 Code: CDRS & COP1-PD  
**FEEES ARE NON-REFUNDABLE**  
**VALID FOR PERIOD OF THREE MONTHS FROM DATE OF ENTRY**

<b>SECTION 1 – APPLICANT INFORMATION</b>				
Applicant Name ( Last, First, MI)			Telephone Number	
Permanent Address		City	State	Zip
Temporary Address		City	State	Zip
Date of Birth	Height	Weight	Color of Hair	Color of Eyes
Name of person, firm, association or corporation who represents or is employed by or whose merchandise is being sold, or for whom merchandise is being purchased.		Address	Telephone Number	
Wisconsin Seller Permit Number				
<b>SECTION 2 – BUSINESS RECORD</b>				
Nature of business to be conducted and a brief description of goods or services offered:				
If charitable organization, what percentage of sale price of goods offered will actually be used for charitable purpose? %				
Proposed method of delivery of goods, if applicable:				
Applicant Business Vehicle Color:	Make:	Model:	License Number:	
Last cities, villages, towns, not to exceed three, where applicant conducted similar business:				
Place where applicant can be contacted for at least seven days after leaving this city, or for at least seven days after the last delivery date of any goods sold in this city, whichever day is later:				
Statement as to whether applicant has been convicted of any crime or ordinance violation related to applicant’s transient merchant business within the last five years; the nature of the offense and the place of conviction:				

**STATEMENT APPOINTING THE CLERK HIS/HER AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION**

I hereby appoint the clerk my agent to accept service of process in any civil action brought against me arising out of any sale, purchase or service performed by me in connection with my direct sales/purchase activities, in the event I cannot, after reasonable effort, be served personally.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3– PRESENTED TO THE CLERK FOR EXAMINATION**

Driver's License

Other Proof of Identity

State certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities.  N/A

State health officer's certificate where applicant's business involves the handling of food or clothing and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application for license is made.  N/A

**INVESTIGATION BY CHIEF OF POLICE:**

**FOR OFFICE USE ONLY**

Signature of Chief of Police:

Approve

Deny

Reason

Signature of City Clerk:

Date of Entry

Date Registration Denied

Registration Appealed Date:

Registration Date:

Date Registration Revoked by Common Council