

FEE \$75.00
CODE: CDRS

Wisconsin
Seller Permit No. _____

CITY OF MANITOWOC
SECTION 11.08
REGISTRATION OF DIRECT SELLER/DIRECT PURCHASERS
(Must be completed and returned to City Clerk)

1. Name _____ Telephone Number _____
(First) (Middle) (Last)

(Permanent Address)

(Temporary Address, If Any)

2. Date of Birth _____ Height _____ Weight _____ Color of Hair _____ Color of Eyes _____

3. Name, Address and Telephone No. of person, firm, association or corporation that direct seller/purchaser represents or is employed by or whose merchandise is being sold, or for whom merchandise is being purchased.

Name _____ Telephone Number _____
Address _____

4. Temporary address and telephone number from which business will be conducted if any:

Address Telephone Number _____

5. Nature of business to be conducted and a brief description of goods offered, and any services offered:

If charitable organization, what percentage of sale price of goods offered will actually be used for charitable purpose? _____ %

6. Proposed method of delivery of goods, if applicable: _____

7. Color, make, model and license number of any vehicle to be used by applicant in the conduct of his/her business:

Color & Make Model License Number

8. Last cities, villages, towns, not to exceed three, where applicant conducted similar business:

9. 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:

10. 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:

Nature of Offense Place of Conviction None

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.

Date _____

Signature of Applicant

PRESENTED TO THE CLERK FOR EXAMINATION:

- 1. Driver's License _____
Other Proof of Identity _____

- 2. 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

- 3. 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

Completed: _____
Signature of Police Chief

DATE OF ENTRY _____
Signature of City Clerk

VALID FOR PERIOD OF THREE MONTHS FROM DATE OF ENTRY

REGISTRATION DENIED _____
Date

REGISTRATION APPEALED _____
Date Signature of Applicant

REGISTRATION REVOKED BY COMMON COUNCIL _____
Date