FOR OFFICE USE ONLY					
Application Fee \$100.00					
Background Check \$10 each					
Total					
Check Number					
Date					

## APPLICATION FOR LICENSE

Direct Sellers and Solicitors
(Port Washington Code of Ordinances Ch.194 Art.1)

CITY OF PORT WASHINGTON 100 W. Grand Avenue Port Washington, WI 53074 (262) 284-5585

TO: Susan L. Westerbeke, City Clerk

Name of applicant:	Last	First		Middle Initial	
Permanent address:					
Temporary address:					
Phone:	Date of Birth:	Weight:	Height:	Color of Hair:	
Color of Eyes:	_ Drivers Lic. #:	Issuing State:			
Name of person, firm, a	ssociation, or corporation re	presenting:			
Permanent address:			Phone:		
Briefly describe goods o	or services sold, method of s	colicitation and metho	d of delivery:		
Proposed dates:					
Vehicle Make:	Vehicle Model:		Vehicle Colo	r:	
License Plate Number:_		State of Vehicle Registration:			
List 3 cities, towns or vil where similar sales or s were conducted:	aliaitatiana				
Place to be contacted fo	or at least seven days after l	eaving this city:			
Have you been convicte merchant activities with	ed of any crime or ordinance in the last five years: YES_	violation related to s	ales, solicitati yes, give natu	ons or other transient	
Are there any charges of	currently pending against you	u: YES NO _			
If yes, give nature of the	e charges:				

**APPLICATION FEE:** No application shall be processed until the fee of \$100.00 has been paid to the City Clerk. Applications are valid for a six (6) month period from date of submission.

**POLICE BACKGROUND INVESTIGATION FEE:** \$10.00 per person. Please note: This fee must be paid to the City Clerk <u>before</u> Background investigations are run.

Upon approval of the Solicitor's Application, a badge will be typed for all canvassers and must be worn while soliciting in the City of Port Washington.

**READ CAREFULLY BEFORE SIGNING:** I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I further agree to appoint the City Clerk as my agent to accept service or process in any civil action brought against me arising out of any sale, service performed or solicitation by me in connection with the direct sales or solicitation activities in the event I cannot, after reasonable effort, be served personally.

and solicitors in the City of Port Washington	n.
Date	Signature of Applicant
APPROVED:	

I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of direct sellers

## LIST OF CANVASSERS

## (PLEASE PRINT)

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY	DRIVERS LICENSE