

Town of Rib Mountain

DIRECT SELLERS REGISTRATION FORM

DATE(S) OF SALE: _____

Type of Merchandise for Sale: _____

Applicant's Name: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Date of Birth: ____/____/____ Age: _____

Driver's License Number: _____ (Please provide a copy)

Property from which you will be selling:

Business Name: _____

Business Address: _____

Owner's Name: _____

Permanent Address: _____

Temporary Address (if any): _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Describe the nature of the business and/or product that you will be engaged in: _____

Name, model and license number of any vehicles to be used in the conduct of business:

Method of Delivery: _____

_____ Attach a list of the last 3 places where you conducted a similar business

_____ Where can you be contacted 7 days after leaving town: _____

_____ Proof of permission from the property owner

_____ Have you been convicted of any crime or ordinance violation related to the conduct of your business within the last five years?

_____ Do you have a required State Seller's permit?

_____ Do you have any other State required permits?

_____ Do you have a Health Department Certificate if handling food?

The applicant hereby testifies to the accuracy and truthfulness of the above noted statements, and agrees to abide by all rules, laws and other regulations as may be applicable. The applicant also hereby appoints the Clerk of the Town of Rib Mountain as the agent to accept service or process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the even the applicant cannot, after reasonable effort, be served personally. Falsification of any statements may result in the revocation of a Direct Sellers Permit.

Signature(s): _____ Date: _____
_____ Date: _____

Direct Sellers application fee paid: \$50.00

Receipt Number: _____ Date: _____

Investigation and/or recommendation of Constable: _____

Date application approved by Town Board: _____