

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: ____/____/____

Drivers License Number: _____ Issuing State: _____

Organization you are representing: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Property from which you will be selling:

Business/Owner's Name: _____

Business/Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____

Describe the nature of business you will be conducting and type of goods and/or services offered: _____

How will these goods and/or services be offered or delivered? Check all that apply.

From a motor vehicle. (Make, model, license number.) _____

From a trailer. (Type, size, license number.) _____

From a tent or temporary shelter. (Size and description.) _____

*All vehicles, tents and shelters are subject to a safety inspection by the Rib Mountain Fire Department.

Last 3 locations where you conducted similar business: _____

Address and phone number where can you be contacted within 7 days after leaving town: _____

Within the past 5 years, have you been convicted of any crime or ordinance violation related to you conducting your business? Yes___ No___

If yes, provide details: _____

Do you have a State Seller's permit? Yes___ No___

Do you have any other required State permits? Yes___ No___

If yes, what type? _____

If handling food, do you have a Health Department or Department of Agriculture Certificate?

N/A ___ Yes ___ No ___

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 of 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 event the applicant cannot, after reasonable effort, be served personally. Falsification of any statements may result in the revocation of a Direct Sellers Permit.

Signature: _____ Date: _____

****FOR OFFICE USE ONLY****

Direct Sellers application fee paid: \$50.00

Receipt Number _____ Date: _____

Investigation and/or recommendation of CEO: _____

Application approved by CEO: Yes ___ No___

Signature: _____ Date: _____