



APPLICATION FOR DIRECT SELLER'S PERMIT

Last Name: _____ First Name: _____ Middle Name _____

Applicant Address: _____ City _____

State: _____ Zip: _____ Telephone Number: _____

Date of Birth: _____ Height: _____ Weight: _____ Eye Color _____

Hair Color: _____ Driver's License Number: _____ State: _____

Business Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Nature of Business: _____

Proposed Method of Delivery: _____

Make, Model, and License Number of any Vehicle to be Used: _____

Last cities, villages, towns where you conducted similar business: _____

Place Where Applicant Can be Contacted For Seven (7) Days After Leaving Here: _____

Have you ever been convicted of any crime or ordinance violation related to your transient merchant
business within the last five (5) years? _____

Nature of Offense: _____

Place of Conviction: _____

Wisconsin Seller's Permit Number: _____

Date(s) Permit is Requested For: _____ Location requested For: _____

Fees: \$30.00 per person/per day or \$125.00 per person/per month Plus \$7.00 Police Investigation Fee

*****Must submit copy of driver's license with Application**

Receipt # _____ Date: _____

Applicant's Signature _____