

**VILLAGE OF ELLSWORTH
130 N. CHESTNUT ST.
ELLSWORTH, WI 54011
715-273-4742**

DIRECT SELLERS LICENSE AND APPLICATION

(In accordance with Ordinance No. 317, Sec. 12.10 (1))

Date of Issue: _____

Date of Expiration: _____

Fee Paid: _____

1. Applicant Full Name: _____ D/O/B: _____
First Middle Last

Permanent Address: _____

Telephone Number: _____ D.L. Number _____

Temporary Address (if any): _____

2. Age: _____ Height _____ Weight _____ Color Hair _____ Color Eyes _____

3. Name, address, and telephone number of the person, firm, assoc., or corp., that the direct seller(s) represents or is employed by, or whose merchandise is being sold:

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

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

WI Dept. of Ag Meat Distributor Registration# _____

WI Dept. of Ag Retail Food License # _____

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

7. Make, color, model, and license number of any vehicle(s) to be used by applicant in the conduct of his/her business: _____

8. Last cities, villages, and 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 village:

10. Place or places of residence of applicant for the last 2 years:

11. Statement as to whether applicant has been convicted of any crime or ordinance violation related to applicant's direct seller's business within the last 5 years, the nature of the offense and the place of conviction:

Signature of Applicant

Authorized Village Personnel

Chief of Police/Officer