



APPLICATION FOR  
**DIRECT SELLER PERMIT**  
VILLAGE OF DARIEN, WISCONSIN

DATE: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

RECEIPT #: \_\_\_\_\_

1. NAME: \_\_\_\_\_  
Last First Middle Initial

2. ADDRESS: \_\_\_\_\_  
Street City State Zip

3. TELEPHONE: Permanent \_\_\_\_\_ Temporary \_\_\_\_\_

4. TEMPORARY LOCAL ADDRESS: \_\_\_\_\_  
Street City State Zip

5. DATE OF BIRTH \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_  
Driver's License Number State

6. NAME, ADDRESS, PHONE, & EIN OF PERSON, FIRM, ASSOCIATION OR CORPORATION YOU REPRESENT:

Name Street City State Zip

Phone EIN

7. NATURE OF BUSINESS / SERVICE: \_\_\_\_\_

GOODS SOLD OR SERVICES OFFERED: \_\_\_\_\_

HOW WILL DELIVERY BE MADE: \_\_\_\_\_

8. VEHICLE: \_\_\_\_\_  
Make Model Color License No. State of License

9. LIST THE LAST THREE CITIES, VILLAGES OR TOWNS WHERE YOU HAVE  
CONDUCTED BUSINESS:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_

**\*\* Proof of all Liability Insurance for the Business and a Copy of the Applicant's Driver's License or Photo ID MUST accompany this application\*\***

10. GIVE YOUR CONTACT POINT FOR SEVEN DAYS AFTER LEAVING DARIEN:

\_\_\_\_\_

11. LIST FELONY OR MISDEMEANOR CONVICTIONS WITHIN THE PAST FIVE YEARS, NATURE OF OFFENSE, AND PLACE OF CONVICTION.

(Write "None" if None):

\_\_\_\_\_  
\_\_\_\_\_

STATE OF WISCONSIN  
§  
WALWORTH COUNTY

\_\_\_\_\_, BEING FIRST DULY SWORN ON OATH THAT S/HE IS THE PERSON WHO MADE THE FOREGOING APPLICATION FOR REGISTRATION AS A DIRECT SELLER; AND THAT ALL STATEMENTS MADE BY THE APPLICANT ARE TRUE.

\_\_\_\_\_  
Signature of Applicant      Date

**SUBSCRIBED AND SWORN TO BEFORE ME**

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_ County, Wisconsin

My commission expires \_\_\_\_\_

**CHIEF OF POLICE:** Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief of Police Signature

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