

TOWN OF BURKE

5365 Reiner Road, Madison, WI 53718 • (608) 825-8420 • TownofBurke.com

DIRECT SELLER PERMIT APPLICATION

NON-REFUNDABLE FEES: ___\$25/DAY ___\$50/WEEK ___\$100/MONTH ___\$200/YEAR

Two or more individuals employed as salespersons or in related support work who travel together in a group for the purpose of selling consumer goods or services from house to house, on any street, or in public places are required to have a certificate of registration from the State of Wisconsin per Wis. Stats. 103.34. Application must be filled out accurately and completely. False statements or omissions will result in denial of permit sought.

APPLICANT NAME: LAST, FIRST, M.I.		ANY OTHER PRIOR NAMES USED:	
DATE OF BIRTH:	DRIVER'S LICENSE NUMBER (submit copy with application):	STATE LICENSE ISSUED:	
EMAIL:		PHONE NUMBER:	
PERMANENT STREET ADDRESS:		CITY/STATE/ZIP:	
TEMPORARY STREET ADDRESS (IF APPLICABLE):		CITY/STATE/ZIP:	
DESCRIBE GOODS OR SERVICES BEING SOLICITED:		DATE(S) OF SALES:	
YEAR/MAKE/MODEL OF VEHICLE BEING USED:		LICENSE PLATE STATE & NUMBER:	
NAME OF COMPANY YOU REPRESENT:		COMPANY PHONE NUMBER:	
ADDRESS OF COMPANY YOU REPRESENT:		CITY/STATE/ZIP:	

Have you ever been convicted of a felony or misdemeanor or violation of other local laws or ordinances? YES NO

Are there any criminal charges currently pending against you? YES NO

List all past violations & pending charges (continue on back if necessary):

APPROXIMATE DATE:	NATURE OF OFFENSE OR CHARGE:	CITY/STATE:
1)		
2)		
3)		

List the name, location and date of the last three cities where you conducted business:

1)
2)
3)

I, the undersigned applicant for a DIRECT SELLER'S PERMIT in the Town of Burke hereby affirm that the information on this application is true and complete to the best of my knowledge and belief. I authorize Town of Burke staff to check the information provided on this application for accuracy and conduct a background check and understand that my past record will become part of this application. I further attest that I have NOT BEEN CONVICTED of any crime or ordinance violation related to the transient merchant business within the last five (5) years.

APPLICANT SIGNATURE:	DATE SIGNED:
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OFFICE USE ONLY:

Decision: APPROVE / DENY
Reason for denial:

Payment Received

Date Received

Date Permit Issued:

Date Permit Expires: