



# DIRECT SELLERS PERMIT

To be used for a direct sellers permit

2828 Allouez Avenue Bellevue, WI 54311 (920) 468-5225 FAX (920) 468-4196

**PERMIT FEE \$100**

1. Name \_\_\_\_\_ Date \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone # \_\_\_\_\_ Temp. Phone # \_\_\_\_\_

Temporary Address \_\_\_\_\_

2. Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Distinguishing features \_\_\_\_\_

3. Information on person, firm, association or corporation that direct seller represents:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

4. Temporary Address from which business shall be conducted, if any \_\_\_\_\_

5. Nature of business (brief description of goods, and any services offered \_\_\_\_\_

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

6. Proposed Method of delivery of goods, if applicable \_\_\_\_\_

7. Make, Model, License Tag of any vehicle \_\_\_\_\_

8. Last 3 Areas where applicant conducted similar business \_\_\_\_\_

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

9. Location applicant can be contact for at least 7 days after leaving the Village of Bellevue

\_\_\_\_\_

10. Has the applicant been convicted of any crime or ordinance violation related to applicant's direct seller's business within the past 5 years?  YES  NO

Please Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach Photo**

I hereby affirm that the above information is true and correct to the best of my ability.

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Approved By (Signature)

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Period Approved for

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Receipt Number: \_\_\_\_\_