

OFFICE USE ONLY:

DATE RECEIVED/PAID: _____ REGISTRATION NO.: _____

\$50.00 Application Fee

**TOWN OF LINN
APPLICATION FOR REGISTRATION
OF DIRECT SELLER**

PERSONAL INFORMATION:

NAME:

(First) (Middle) (Last)

PERMANENT ADDRESS: _____
(Street) (Box Number)

(City) (State) (Zip)

PERMANENT TELEPHONE: _____ Date of Birth _____

TEMPORARY ADDRESS (If Any): _____
(Street) (Box Number)

(City) (State) (Zip)

TEMPORARY TELEPHONE (If Any): _____

(Height) (Weight) (Hair Color) (Eye Color)

BUSINESS INFORMATION:

BUSINESS NAME: _____

PERMANENT ADDRESS: _____
(Street) (Box Number)

(City) (State) (Zip)

TELEPHONE NUMBER _____

TEMPORARY ADDRESS (If Any): _____
(Street) (Box Number)

(City) (State) (Zip)

TEMPORARY TELEPHONE (If Any): _____

(Height) (Weight) (Hair Color) (Eye Color)

NOTE: Each individual applicant must submit this form along with proof of identity.

ADDITIONAL BUSINESS INFORMATION:

Describe the nature of the business to be conducted: _____

Give a description of the merchandise or service offered: _____

Describe the method of delivery of merchandise, if applicable: _____

List the color, make, model and license number of any vehicle to be used by the applicant in the conducting of this business:

List three cities/towns/villages where the applicant has conducted this business:

Place where applicant can be contacted for at least six months after leaving the city:

Have you been convicted of a violation of any license law or ordinance related to your transient business within the last five years? (Choose one) YES NO

If yes, state the nature of the offense and the place of conviction:

Have you been convicted of a crime (felony or misdemeanor) as an adult?

(Choose one) YES NO

If yes, state the nature of the offense(s) and the place of conviction(s):

State: _____ County: _____

_____, being first duly sworn on oath that he/she is the person who made and signed the foregoing application for registration as a direct seller; that all the statements made by the applicant are true.

I hereby appoint the Town Clerk as my Agent to accept service of process in any civil action brought against me arising out of any sale or service performed by me in connection with my direct sales activities in the event I cannot, after reasonable effort, be served personally.

Subscribed and sworn before me this _____ day
of _____, 20_____

Applicant's Signature

Notary Public

My Commission Expires: _____

INFORMATION TO BE SUBMITTED (incomplete applications not accepted):

- Proof of Identity (Valid Driver's License, ID, etc.) for each individual.
- A State Certificate of Examination & Approval if involved with weights & measures.
- A State Health Officer's Certificate if business involves the handling of food/clothing.
- Wisconsin Seller's Permit (unless all sales are exempt from sales or use tax)
- A Certificate of Insurance if business involves soliciting for the sale or making sales of merchandise on public sidewalks or streets, naming the Town as additionally insured if sales. Certificate shall certify that the applicant has liability coverage on vehicles to be used of at least \$100,000 against bodily injury or death to any person and \$300,000 for any one accident over \$50,000 against property damage.
- Signed Authorization for Investigation and Liability Release Form

REGISTRATION PROCEDURES & CONDITIONS

Direct Sellers' Applications are to be submitted to the Town Clerk's Office at W3728 Franklin Walsh Street, P.O. Box 130, Zenda, WI 53195. Applicants must receive Town Board approval to register as a Direct Seller.

Registration is limited to one time within any one calendar year for a period of not more than 14 days. Direct Seller's may operate between the hours of 9:00 a.m. and 8:00 p.m., except by appointment, between Mondays – Fridays. Legal holidays are prohibited.

Additional prohibited practices are provided in Section 10-3(G) of the Town Code of Ordinances.

The following year, you must re-apply to register as a direct seller.

Upon investigation by the Town Clerk, your application could be denied due to any condition in Section 10-3(E) of the Town Code of Ordinances. If refused, you may appeal the denial to the Town Board per Section 10-3(F) of the Town Code of Ordinances

The registration fee is non-refundable.

**Authorization for Investigation
And Liability Release**

In consideration of the Town of Linn approving my application for registration of direct seller,
I, _____, do hereby irrevocably agree to the following:

1. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Linn or any of its officers, agents or employees from any negligent or wrongful statements, acts, omissions made or recorded, in the course of investigating and verifying the information contained in my Application for Direct Seller Registration.

2. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity who furnishes information or opinions to the Town of Linn as part of the town's verifying of information and statements contained in my Application for Direct Seller Registration.

3. I authorize any person or entity contacted by the Town of Linn during the course of its investigation into the statements and information contained in my Application for Direct Seller Registration, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.

**BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE
SIGNING**

Current Date: _____ **Full Name:** _____

Address: _____

Birth Date: _____ **Social Security No:** _____

Signature: _____