

DIRECT SELLER/PEDDLER/SOLICITOR

City Clerk's Office - 395-7200
1316 N. 14th Street, Superior, WI 54880

License year: January 1 - December 31, _____ Fee: \$50.00

NEW _____ RENEWAL _____ Wisconsin Sellers Permit # _____

Date: _____

PERSONAL INFORMATION

Name: _____ Date of Birth _____
(PRINT) Last First Middle

Home (Permanent) Address _____

If less than two years, previous address _____

Temporary address _____

Home phone number _____ Temporary phone number _____

Weight _____ Height _____ Hair Color _____ Eye Color _____

Have you ever been convicted or having pending charges of any crime or ordinance violation related to your transient merchant business within the last five (5) years. If so, state nature of the offense and the place of incident _____

Have you been named as party in any civil complaint related to your Direct Seller/Peddler/Solicitor business within the last five (5) years? If so, state nature of the complaint and the place of the incident _____

Address and phone number where you can be contacted for at least seven (7) days after leaving the City of Superior _____

Signature

For office use only: Receipt # _____ License # _____ Date issued _____

Police Dept approval _____

BUSINESS INFORMATION

Type of business (items to be sold or services offered) _____

Temporary address and phone number where business will be conducted _____

Type of business engaged in during previous two years _____

Name, address and telephone number of person, firm or corporation you are representing:

Name	Address	Phone number
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Make, model and license number of any vehicle to be used to conduct business _____

Last three (3) municipalities' applicant conducted a similar business _____

Itemize all goods to be sold including description, serial number if applicable, owner's actual cost, retail price: (agricultural products are exempt) _____

(Attached a separate sheet if necessary)

If services are provided or offered, indicate description of services, and list the names and address of person(s) providing the service _____

If goods are sold by order for future delivery, indicate how orders will be filled including the names and addresses of any wholesale, warehouse operator, or other person involved in filling the order

Additional requirements:

- **Photocopy** of identification: (Driver's license or State Identification Card) _____
- If business requires use of weighing and measuring devices, a State Certificate of Examination, and approval from the sealer of weights and measures. _____
- If business involves handling food or clothing and applicant is required to be certified under State law, Health Department approval is required. _____
- A bond with surety in amount equal to or more than the total amount of inventory listed in the application or a minimum of \$500. The bond shall be effective for one year after the last direct sales activity specified in the application. _____

Bond # _____

DIRECT SELLER/PEDDLER-SOLICITOR BOND

KNOW ALL MEN BY THESE PRESENTS, That _____ as principal,
and _____ and _____, as sureties, (or two persons worth sum required by ordinance) are held and firmly bound unto the City of Superior in the penal sum of \$ _____, (\$500 minimum) lawful money of the United States to be paid to the City of Superior or its assigns for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, jointly and severally, firmly by these presents.

Sealed with our seals and dated this _____ day of _____, 20____.
The condition of this obligation is such that, WHEREAS, the said principal has made application for a license as DIRECT SELLER/PEDDLER/SOLICITOR in the City of Superior.

THEREFORE, if said principal shall duly observe all ordinances of said City and laws of the State of Wisconsin respecting all regulations of said business during continuance of such license, and shall fulfill and comply with all warranties and all materials, oral or written, statements and representations made by or on behalf of the principal with reference to goods sold or offered for sale, services provided or orders taken, then those presents shall be null and void, otherwise to remain in full force and affect.

In presence of :

(witness)

(Applicant)

(witness)

(Surety/Insurance Company)

(Authorized agent/representative)
(Please attach Power-of-Attorney)

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public/City Clerk
My Commission Expires _____

Seal