



City of Dodgeville
 Application for Direct Sellers, Transient
 Merchant or Solicitors License
LICENSE FEE: \$30.00

Section A Personnel Information

Applicant Name: _____
 Address: _____ City _____ State _____ Zip _____
 Primary Telephone No. _____ Secondary Phone _____
 Email Address: _____
 Date of Birth ____/____/____ Driver's License/ID #/State: _____/_____

Section B Business Information

Name of Employer: _____
 Business Address: _____ City _____ State _____ Zip _____
 Business Phone Number: _____ Website: _____
 The named is: Individual Partnership Limited Liability Company Corporation
 If corporation: Date of Incorporation: _____ State of Incorporation: _____

Section C Business Activities

Description of service or merchandise to be sold: _____

 Date(s) business to be conducted: _____
 Hours business will be conducted: _____

Section D Vehicle(s) Description

Make	Model	Year	Color	Plate #	State

Section E Sale Person(s), if different than the individual names in Section A.

Name	Address	Date of Birth	Driver's License	State Issued

Section F References

List the three most recent cities, villages, towns where you have conducted business:

- 1. _____
- 2. _____
- 3. _____

Section G Background

Have you ever been convicted of any felony or misdemeanor for violation of any federal law, any Wisconsin law, any laws of any other state or ordinances of any municipality? Yes No

If yes, answer the following:

Date of such conviction _____

Name of Court _____

Nature of Offense _____

Are there any criminal charges pending against you? Yes No

If yes, give law or ordinance violated, trial court, trial date, and penalty imposed, and/or date, description and status of charges pending:

Section 7 Required Documentation

The following information must be included at the time of application:

- ✓ Copy of Driver’s License or State Identification Card
- ✓ Copy of Current Wisconsin Seller’s Permit if applicable.
- ✓ Copy of a state health officer’s certificate where applicant’s business involves the handling of food or clothing, and is required to be certified under state law; such certificate to state that the applicant is apparently free from any contagious or infectious diseases, dated not more than 90 days prior to the date the application license is made.

Section 8 Signature

Read Carefully Before Signing – I hereby certify that answers given herein are true and complete to the best of my knowledge. I understand that false or misleading information given in my application may result in revocation of my transient merchant permit. I understand that I am required to abide by all rules & regulations of the City.

Applicant's Signature

Date

TO BE COMPLETED BY CITY:

Date Filed: _____ Registration Fee Paid: License Number: _____

PD Background Check Completed: Issued Denied Date: _____

Reason for Denial: _____