FOR OFFICE USE ONLY	
Application Fee $125.00	
Background Check $15 each	
Total	
Check Number	
Date	

APPLICATION FOR LICENSE
Direct Sellers and Solicitors
(Port Washington Code of Ordinances Ch.194 Art.1)

CITY OF PORT WASHINGTON
100 W. Grand Avenue
Port Washington, WI 53074
(262) 284-5585

TO: Susan L. Westerbeke, City Clerk

Name of applicant: _____
Last First Middle Initial

Permanent address: _____

Temporary address: _____

Phone:_____ Date of Birth: _____ Weight: ____ Height: ____ Color of Hair:____

Color of Eyes: _____ Drivers Lic. #:_____ Issuing State:_____

Name of person, firm, association, or corporation representing: _____

_____

Permanent address: _____ Phone: _____

Briefly describe goods or services sold, method of solicitation and method of delivery: _____

_____

_____

Proposed dates: _____

Vehicle Make: _____ Vehicle Model:_____ Vehicle Color:_____

License Plate Number:_____ State of Vehicle Registration:_____
_____

List 3 cities, towns or villages where similar sales or solicitations were conducted: _____
_____
_____

Place to be contacted for at least seven days after leaving this city: _____

_____

Have you been convicted of any crime or ordinance violation related to sales, solicitations or other transient merchant activities within the last five years: YES_____ NO_____ If yes, give nature of offense and place of conviction: _____

Are there any charges currently pending against you: YES _____ NO _____

If yes, give nature of the charges: _____

APPLICATION FEE: No application shall be processed until the fee of $125.00 has been paid to the City Clerk. Applications are valid for a six (6) month period from date of submission.

POLICE BACKGROUND INVESTIGATION FEE: $15.00 per person. Please note: This fee must be paid to the City Clerk before Background investigations are run.

Upon approval of the Solicitor's Application, a badge will be typed for all canvassers and must be worn while soliciting in the City of Port Washington.

READ CAREFULLY BEFORE SIGNING: I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I further agree to appoint the City Clerk as my agent to accept service or process in any civil action brought against me arising out of any sale, service performed or solicitation by me in connection with the direct sales or solicitation activities in the event I cannot, after reasonable effort, be served personally.

I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of direct sellers and solicitors in the City of Port Washington.

_____ _____

Date Signature of Applicant

APPROVED: _____

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LIST OF CANVASSERS

LAST NAME	FIRST NAME	MIDDLE	DATE OF BIRTH	SOCIAL SECURITY	DRIVERS LICENSE