

Non-Refundable Fee:
\$125.00

Permit No. _____

BUSINESS APPLICATION FOR DIRECT SALES

Town of Brookfield

Waukesha County, Wisconsin

Answer the following questions fully and completely (Please Print or Type):

Full Legal Name of Business _____

Trade Name, or any other name commonly used _____

Permanent Address _____

Permanent Phone _____

Is this business sub-contracting for another business? NO YES **If yes, answer next question.

Name, Address & Phone Number of person, firm, association, or corporation that you either represent, are employed by, or whose merchandise you sell:

Temporary Address & Phone Number from which business will be conducted, if any:

Nature of Business to be Conducted: _____

Description of Goods or Services Offered: _____

Proposed Method of Delivery of Goods (if applicable): _____

City, Village or Town where Applicant has conducted Similar Business (not to exceed 3):

Special Notes or Circumstances:

I hereby certify that I am an authorized agent for the above-named business, that I am the person who made and signed the foregoing application for a Direct Seller's Permit, and that all of the statements made above by me are true to the best of my knowledge.

Signature of Authorized Agent

Date

Printed name of Authorized Agent

****FOR OFFICE USE ONLY****

Clerk's Office:

Individual / Business Registration Fee Paid \$ _____ Receipt No. _____

Police Department:

Background Check Conducted On _____ By _____

Comments: _____

PD Approval: YES NO Date: _____ Date Permit Issued: _____