

# INDIVIDUAL APPLICATION FOR DIRECT SALES PERMIT

**Town of Brookfield**

**Waukesha County, Wisconsin**

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

Full Legal Name of Applicant \_\_\_\_\_

Maiden Name, or any other name previously used \_\_\_\_\_

Permanent Address \_\_\_\_\_

Temporary Address (if any) \_\_\_\_\_

Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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): \_\_\_\_\_

Make, Model & License Plate of any Vehicle to be used by applicant in the conduct of his/her business:  
\_\_\_\_\_

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

Address & Phone Number where Applicant can be contacted for at least 7 days after leaving the Town:  
\_\_\_\_\_

List any and all Citations (including traffic), Ordinance Violations, or Criminal Convictions:  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby certify that I am the person who made and signed the foregoing application for a Direct Seller's Registration Card, and that all of the statements made above by me are true.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*\*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: \_\_\_\_\_