

Non-Refundable Fee:
\$150.00/Business
(For up to 3 Employees)



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 Agent _____

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

Date Received: _____ Registration Fee Paid \$ _____ Receipt No. _____

Background Check Conducted On _____ By _____

Comments: _____

Police Chief Approval: ☐ APPROVE ☐ DENY

Police Signature: _____

Date: _____

Date Permit Issued: _____