

Non-Refundable Fee:
\$20.00 Background Check



Permit No. _____

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****

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

Background Check Conducted On _____ By _____

Comments: _____

Police Chief Approval: ☐ APPROVE ☐ DENY

Police Signature: _____

Date: _____

Date Permit Issued: _____