VILLAGE OF MISHICOT
511 E. Main St.
P. O. Box 385
Mishicot, WI 54228-0385
Telephone: 920.755.2525
Fax: 920.755.2552
e-mail: clerk@vi.mishicot.wi.gov
www.vi.mishicot.wi.gov

DIRECT SELLERS APPLICATION

Legal Business/Owner's Name: _____

Contact Name: _____

Business/Owner's Address: _____

Phone Number: _____FEIN or Last 4 of SS#: _____

Seller's Permit # (15 digits starting with 456): _____

Location of business to be conducted: _____

Make, Model, License # of vehicle used in this business: _____

Nature of Business: _____

Description of items intended to be sold, disposed of or contracted for: _____

_____

_____

Length of time you will be selling within the village limits: _____

Employees to be covered by this Permit: (if more than 3 employees, must file another application)

Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		**City**	**State**	**Zip**
Height	**Weight**	**Hair Color**	**Eye Color**	

Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		**City**	**State**	**Zip**
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Last Name	First Name	Middle Name	Date of Birth	Phone Number
Address		**City**	**State**	**Zip**
Height	**Weight**	**Hair Color**	**Eye Color**	

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Please state the last three cities, villages, or towns where you conducted similar business just prior to making this application:

1._____ 2. _____ 3. _____

Have you ever been convicted of any crime or ordinance violation related to the applicant's transient merchant business within the last five years? If yes, please state the date, nature of the offense and the place of conviction. _____

_____

_____

_____

A copy of all contracts, order forms, or other documents used in this business shall be filed with this application. **If the application is not complete, a bond may be required prior to a permit being issued.** A fee of **$15.00 for each person** listed on this application is required.

I certify that all of the information provided on this application is true and correct and agree to abide by Ordinance §172 of the Village of Mishicot ordinances.

_____ _____

Applicant Signature Date

Office Use Only:

Received by: _____ Date: _____

Approved by: _____ Date: _____

Permit #: _____