

## Application

TOWN OF LAKE MILLS-# \_\_\_\_\_  
REGISTRATION FOR DIRECT SELLERS,  
TRANSIENT MERCHANTS, AND SOLICITORS

(Each direct seller, transient merchant or solicitor needs to file a separate application)

Date of application: \_\_\_\_\_ to what date is permission requested? \_\_\_\_\_

Applicants Name:

Last \_\_\_\_\_ First \_\_\_\_\_

MI \_\_\_\_\_

Previous Name(s): within the last 5 yrs. \_\_\_\_\_

Name of Business/Organization (if different) \_\_\_\_\_

Contact at Business/ Applicants Supervisor: \_\_\_\_\_

Address of Applicant/Business:

\_\_\_\_\_  
Nature of Goods or Services Offered:

\_\_\_\_\_  
Phone #: \_(\_\_\_\_)\_\_\_\_\_ Business/Org Phone: \_(\_\_\_\_)\_\_\_\_\_

Cell Phone: \_(\_\_\_\_)\_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

Driver's Lic. #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Municipalities in which applicant has engaged in vending during past five years:

1. Name of Municipality/County: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name of Municipality/County: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name of Municipality/County: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person(s) in Charge or be (present) during sale: (each individual needs to complete application) \_\_\_\_\_

Date and Times requested for vending: \_\_\_\_\_

Location of place to be vending: \_\_\_\_\_

Method of sales: \_\_\_\_\_

Area of Solicitations: \_\_\_\_\_

Type of Goods to be sold:

\_\_\_\_\_  
Vehicle Descriptions, License plates, and number of vehicles to be used while vending:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Year: \_\_\_\_\_ Lic. Plate #: \_\_\_\_\_

State: \_\_\_\_\_ Other: \_\_\_\_\_

Are you the registered owner of the described vehicle? Yes No (circle one)

If no, who is the registered owner of the vehicle: \_\_\_\_\_

Do you/your business hold a physician's certificate? Yes No (circle one)

List at least 3 business associates or referrals from customers or lenders. Supply name and phone number.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Have you or any of your employees ever been convicted of a crime or violated any law or ordinance where the penalty was a forfeiture?

If yes, list date of conviction, law violated and penalty imposed: \_\_\_\_\_

PLEASE READ THE ATTACHED COPY OF THE TOWN OF LAKE MILLS ORDINANCE IN ITS ENTIRETY.

Non-Refundable Application fee: \$75.00 (make checks payable to Town of Lake Mills)

AS PETITIONER, I UNDERSTAND AND WILL ABIDE BY THE REQUIREMENTS, RESTRICTIONS, AND EXEMPTIONS SET FORTH BY THE TOWN OF LAKE MILLS ORDINANCE 2-5 et al. I, the applicant, understand and agree to payment of required fees:

\_\_\_\_\_  
 Signature Date

.....  
....

**Office use**

Payment Info: \_\_\_\_\_ Application received by: \_\_\_\_\_

Reference/Background Checks

Completed \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reasons \_\_\_\_\_

\_\_\_\_\_