

City of Oconomowoc Peddlers / Solicitors License Application

174 E. Wisconsin Avenue, P. O. Box 27

Oconomowoc, WI 53066

(262)569-3235

\$100 Plus \$20 Background Check Charge per Applicant

No more than three persons may solicit under one license and each person must accompany the licensee at time of application. A mandatory 72-hour waiting period is required.

The following information must be provided for each Peddler - PLEASE PRINT

Name of Principal License Holder/Company:

Company Address (City, State, Zip Code):

Company Telephone (Include Area Code):

Wisconsin Seller's Permit No.

Legal Name of Applicant (first, middle initial, last):

Maiden and/or Previous Name(s):

Current Home Address (City, State, Zip Code):

Mailing Address, if different (City, State, Zip Code):

List Each Name and Address used by this Individual during the past Two Years:

Telephone (Include Area Code):

Cell Phone:

Drivers License Number:

Email:

State in Which Drivers License is Issued:

Date of Birth/State:

Weight:

Height:

Hair Color:

Eye Color:

Distinguishing Marks:

Brief Description of Merchandise/Services offered and Method of Delivery of Merchandise, if applicable:

Description of Vehicle(s) to be used: (Use Supplemental List if additional Vehicles are used)

Year:

Make:

Model:

License No.

Year:

Make:

Model:

License No.

Year:

Make:

Model:

License No.

Last Three (3) places where Applicant conducted business (City, Village and/or Town) - including State:

Where and How can Applicant be Contacted for at least Seven (7) Days after leaving City (Address/Phone):

Have you ever been convicted of any felony, of violating any law of the State of Wisconsin or of the United States within the last five (5) years? ____ Yes ____ No If Yes, indicate Nature of Offense, Date of Conviction and Name of Court _____	
I hereby certify or declare under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.	
Signature of Applicant _____	Date _____
Subscribed and sworn to before me	
City Clerk/Deputy Clerk/Notary Public _____	Date _____
For City Use Only	
Police Department Approval _____	Date _____
License Number	License Period

EACH APPLICANT SHALL PRESENT THE FOLLOWING AT THE TIME OF APPLICATION:

- 1) A Driver's License, Wisconsin ID, Military ID, Student ID or other picture proof of identity.
- 2) If more than one person will be operating from this license, complete Supplemental List.
- 3) Applicants involved in the handling of food shall obtain a valid food and drink establishment permit from the Health Department. The applicant shall provide the Clerk with proof of inspection by the Environmental Health Specialist and a copy of the food and drink establishment permit prior to further action on said application.
- 4) When conducting door-to-door solicitation, each applicant and employee/agent **must at all times:**

*** **carry a picture identification card** identified in 1) above which shall bear the name and address of the solicitor, employee or agent of the organization; and

*** **wear a merchant's identification tag** on their outer garment in the upper left chest area. Such merchant's identification tag shall include the person's name, license or exemption number, date of expiration, and shall otherwise be in a readily identifiable size, color and format

My Commission expires: _____

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SUPPLEMENTAL LIST OF NAMES IDENTIFIED ON DIRECT SELLER LICENSE

SOLICITOR/PEDDLER NO. 2

PLEASE PRINT

Legal Name of Applicant (first, middle initial, last):	
Maiden and/or Previous Name(s):	
Current Home Address (City, State, Zip Code):	
Mailing Address, if different (City, State, Zip Code):	
List Each Name and Address used by this Individual during the past Two Years:	
Telephone (Include Area Code):	Cell Phone:
Drivers License Number:	Email:
State in Which Drivers License is Issued:	Date of Birth/State:
Weight: [] Height: [] Hair Color:	Eye Color:
Distinguishing Marks:	

Brief Description of Merchandise/Services offered and Method of Delivery of Merchandise, if applicable:

Description of Vehicle(s) to be used: (If different than listed on Main Application)
Year: [] Make: [] Model: [] License No. []

Last Three (3) places where Applicant conducted business (City, Village and/or Town) - including State:

Where and How can Applicant be Contacted for at least Seven (7) Days after leaving City (Address/Phone):

Have you ever been convicted of any felony, of violating any law of the State of Wisconsin or of the United States within the last five (5) years? Yes No If Yes, indicate Nature of Offense, Date of Conviction and Name of Court _____

I hereby certify or declare under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.

Signature of Applicant _____ Date _____

Subscribed and sworn to before me _____

City Clerk/Deputy Clerk/Notary Public _____ Date _____

For City Use Only

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SUPPLEMENTAL LIST OF NAMES IDENTIFIED ON DIRECT SELLER LICENSE

SOLICITOR/PEDDLER NO. 3

PLEASE PRINT

Legal Name of Applicant (first, middle initial, last):

Maiden and/or Previous Name(s):

Current Home Address (City, State, Zip Code):

Mailing Address, if different (City, State, Zip Code):

List Each Name and Address used by this Individual during the past Two Years:

Telephone (Include Area Code):

Cell Phone:

Drivers License Number:

Email:

State in Which Drivers License is Issued:

Date of Birth/State:

Weight:

Height:

Hair Color:

Eye Color:

Distinguishing Marks:

Brief Description of Merchandise/Services offered and Method of Delivery of Merchandise, if applicable:

Description of Vehicle(s) to be used: (If different than listed on Main Application)

Year:

Make:

Model:

License No.

Last Three (3) places where Applicant conducted business (City, Village and/or Town) - including State:

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I hereby certify or declare under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.

Signature of Applicant

Date

Subscribed and sworn to before me

City Clerk/Deputy Clerk/Notary Public

Date

For City Use Only

