

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):

OVER

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

CERTIFICATION

I, _____, hereby appoint the City Clerk as my agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sale activities of the applicant in the event the applicant cannot, after reasonable effort, be served personally.

Applicant Signature

Subscribed and sworn to before me this
_____ day of _____, 20_____.

(SEAL)

Print Name: _____
Notary Public, Waukesha County, Wisconsin
My Commission expires: _____

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 additional Application(s).
- 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

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ADDITIONAL APPLICANTS

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.

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