

FOR OFFICE USE ONLY	
Fee \$100.00	
Background Check \$10 each	
Total	
Check Number	
Date	

APPLICATION FOR LICENSE
Direct Sellers and Solicitors
(Port Washington Code of Ordinances 9.07.040 C.)

CITY OF PORT WASHINGTON
100 W. Grand Avenue
Port Washington, WI 53074
(262) 284-5585

TO: Susan Westerbeke, City Clerk

Name of applicant: _____
Last First Middle Initial

Permanent address: _____

Temporary address: _____

Phone: _____ Date of Birth: _____ Weight: _____ Height: _____

Color of Hair: _____ Color of Eyes: _____ Drivers Lic. #: _____

Name of person, firm, association or corporation representing: _____

Permanent address: _____ Phone: _____

Briefly describe goods or services sold, method of solicitation and method of delivery: _____

Proposed dates: _____

Make, model and license number of any vehicles to be used: _____

List 3 cities, towns or villages _____
 where similar sales or solicitations _____
 were conducted: _____

Place to be contacted for at least seven days after leaving this city: _____

Have you been convicted of any crime or ordinance violation related to sales, solicitations or other transient merchant activities within the last five years: YES _____ NO _____ If yes, give nature of offense and place of conviction: _____

Are there any charges currently pending against you: YES _____ NO _____

If yes, give nature of the charges: _____

