



**Application for Solicitors' License (Seller's Permit)**

**APPLICANT NAME AND ADDRESS:**

Full Name \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Temporary Address \_\_\_\_\_  
Email Address \_\_\_\_\_

**SELLER INFORMATION:**

\*\*\*Sellers must submit a copy of their driver's license or other form of current, photographic identification

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

**FIRM, ASSOCIATION OR CORPORATION THAT THE TRANSIENT MERCHANT REPRESENTS:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**TEMPORARY ADDRESS AND TELEPHONE NUMBER:**

Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**NATURE OF BUSINESS AND BRIEF DESCRIPTION OF MERCHANDISE OR SERVICES OFFERED:**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_



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**PROPOSED METHOD OF DELIVERY OF MERCHANDISE (IF APPLICABLE):**

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**VEHICLE INFORMATION:**

Make \_\_\_\_\_ Model \_\_\_\_\_

License Plate Number/State \_\_\_\_\_ Color \_\_\_\_\_

**LIST THREE (3) MOST RECENT CITIES, VILLAGES AND TOWNS WHERE APPLICANT CONDUCTED BUSINESS:**

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**LIST TWO (2) CHARACTER REFERENCES WHO ARE RESIDENTS OF WISCONSIN AND WHO WILL CERTIFY AS TO THE APPLICANT'S GOOD CHARACTER & BUSINESS RESPONSIBILITY:**

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**PLACE WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST SEVEN (7) DAYS AFTER LEAVING THE VILLAGE:**

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**Has any individual listed on this form, engaging in solicitation within the Village of Lone Rock, been convicted of any crime or ordinance violation within the last five (5) years? If so, please list the nature of the offense and the place/county of conviction:**

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**Documents to be submitted to the Village Clerk:**

- Photo ID's of all individuals associated with solicitation efforts
- A state health officer's certificate if applicable, A state certificate of examination and approval from the sealer of weights and measures, if applicable
- Fee of \$150.00 (\$75.00 if submitted on or after July 1) for processing and registration
- Fee of \$7.00 per individual listed on this form for background checks
- Surety bond in the amount of Five Hundred Dollars (\$500.00) for every applicant who is not a resident of Richland or Sauk County or who represents a firm whose principal place of business is located outside of the State of Wisconsin.
- Any advertisements that will be distributed in connection with intended solicitation and sales

Please be advised that generally, solicitation efforts are prohibited between the hours of 9:00 PM and 9:00 AM (Sec. 7-4-7)

**All documentation and applications can be submitted to the VLR Office; office hours are from Monday through Thursday, 9:00AM to 12:00PM.**

The applicant shall sign a statement appointing the clerk his/her 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 arising out any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort, be served personally. I certify that all information given in this form is true and correct.

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

Date Permit Issued \_\_\_\_\_

\*This license shall be good for one year from the date of issuance and shall expire on the 31<sup>st</sup> of December of the issuing year.

Signature of Clerk \_\_\_\_\_ Date \_\_\_\_\_