



Town of Westport

Kennedy Administration Building
5387 Mary Lake Road
Waunakee, WI 53597
Office: (608)849-4372 * Fax: (608)849-9657
www.townofwestport.org

**DIRECT SELLER PERMIT
(one permit/person)**

Name Permanent Address

Temporary Address/Phone (where business will be conducted if different from permanent address):

Phone Number(s) ft in lbs: _____
Height Weight Hair & Eye Color Date of Birth

Name, Address, Phone Number of Person, Firm, Corporation the Direct Seller Represents:

Nature of Business to be Conducted: _____

Dates of Business to be Conducted: Estimated Start: _____; Estimated End: _____

Proposed Method of Delivery: _____

Vehicle Make, Model, License No.:

Drivers License or Proof of I.D. (*attach copy*):

State Health Officer's Certificate (handling of food or clothing, date not more than ninety (90) days prior to application date) (*attach copy*):

Last City, Village or Town Direct Sold (not to exceed 3): _____

Contact Place for at Least Seven (7) Days after Leaving Town of Westport: _____

List Nature and Place of any Convictions or Ordinance Violations (within last Five (5) years):

Registration Fee:

(Direct Seller may employ up to 2 assistants without payment of an additional license fee)

Five Dollars (\$5.00) per day _____

Twenty Dollars (\$20.00) per week _____

Fifty Dollars (\$50.00) per month _____

Two Hundred (\$200.00) per year _____
(½ annual fee after July 1st)

Signature of Applicant(s):

1) _____ Print Name: _____

2) _____ Print Name: _____

3) _____ Print Name: _____

Enclosure: Direct Sellers Ordinance (Chapter 7, Title 4)

Approval:

_____ Date: _____

Thomas G. Wilson
Attorney/Administrator/Clerk/Treasurer

