

TOWN OF FULTON

2738 W. Fulton Center Dr.
Edgerton, Wisconsin 53534

Laura Siclovan -Clerk/Treasurer

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Transient Merchant, Direct Seller or Charitable Solicitor Permit Application

Fee:\$65.00

Permit No. _____

Receipt No. _____

1. First Name _____ Middle _____

Last Name _____(Sr Jr)

2. Maiden Name _____ Date of Birth _____ Sex M F

3. Social Security Number _____

4. Address

(Include City, State & ZIP)

5. Previous Address

(Include City, State & ZIP)

6. Phone Number (_____) _____ Cell (_____) _____

7. Height _____ Weight _____ Color/hair _____ Color/eyes _____

8. Driver's License

9. Driver's License Previous State, if
applicable _____

10. Applicant's Current Employer (Include Business Name, Address, City, State, Phone Number and Supervisor)

11. Previous Employer (If less than 2 years) (Include Business Name, Address, City, State, Phone Number and Supervisor)

12. Corporation, Firm, Association or Person you represent?

Name of Company _____

Address _____

Supervisor _____ Phone Number(_____) _____

13. Nature of Business _____

Goods and/or Services Offered _____

14. Proposed Method of Delivery of Good (if applicable) _____

15. Vehicle to be used by Applicant

Make _____ License Number & State _____

Model _____ Year _____ Color _____

16. Cities, Villages and Towns Where You Last Conducted Business (List 5)

1. _____
2. _____
3. _____
4. _____
5. _____

17. Have you ever been convicted of any crime or ordinance violation relating to your transient merchant business within the last 5 years? YES NO

If yes, give nature of offense and place of conviction _____

18. Please list a phone number where you can be contacted for at least 7 days after you leave the Town of Fulton, Wisconsin (_____) _____

The following items must be presented in the Clerk’s office at time of application.

- a. Completed Direct Seller’s Permit
- b. State Issued Driver’s License or Photo Identification
- c. State Certification of examination and approval from the sealer of weights and measurers if applicant’s business requires use of weighing and measuring devices approved by State authorities.
- d. State health officer’s certificate—if applicant’s business involves the handling of food or clothing and is required to be certified under State law. If applicable, certificate must state that applicant is apparently free from any contagious or infectious disease and dated not more than 90 days prior to date of application of license.
- e. Proof of adequate liability insurance or an indemnity bond.

NOTE: Incomplete and/or inaccurate information may lead to delayed processing and/or legal action.

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

Signature of Applicant

Registration will expire one year from this date, subject to subsequent refusal as provided in Chapter 390 of the Municipal Code of the Town of Fulton.

STATE OF WISCONSIN)

:ss

COUNTY OF ROCK)

The undersigned being first duly sworn on oath, deposes and says that he/she is the applicant named in the foregoing application and he/she has read (or had read) each of the questions in said application and that he/she has made complete answers to each question, and that his/her said answers are true and correct.

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public/Town Clerk Approved:

Chief of Police

Date

Town Clerk

Date

(Updated 5/22/2008)