

Direct Sellers Permit

To be used to obtain a direct sellers permit from the Village of Bellevue.

2828 Allouez Ave., Bellevue, WI 54311 | p. (920) 468-5225

	Date:	
1.	1. Name:	
	Permanent Address:	
	Permanent Phone: Temporary Phone:	
	Temporary Address:	
2.	2. Age: Height: Weight: Hair Color: Eye Color:	
	Distinguishing Features:	
3.	3. List the following information on the person, firm, association or corporation that the direct seller rep	resents
	Name:	
	Address:	
	Phone:	
4.	4. Temporary address from which the business shall be conducted, if any?	
5.	5. Nature of business/brief description of goods and/or services offered/provided.	
6.	6. Proposed method of delivery of goods, if applicable:	
7.	7. Vehicle make:	
	Vehicle model:	
	Vehicle license plate #:	

· List timee (5) are	eas where applicant conducte			
			ter leaving the Village of Bellev	
Has the applicant been convicted of any crime or ordinance violation related to applicant's direct seller's business within the past five (5) years? Yes No				
If yes, please exp	plain:			
KNOWLEDG	EMENT			
	EMENT the above information is true	and correct to the	best of my ability.	
hereby affirm that				
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that	the above information is true		Date:	
hereby affirm that applicant's Signature	the above information is true	асн а Рното	Date:	
Applicant's Signature OFFICE USE Approved By (Signature	the above information is true e: ATT	асн а Рното	Date:	