



**TOWN OF DELAFIELD**  
Direct Seller's Registration Form  
\$25 Registration Fee / \$75 License Fee

**Name:**

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**Permanent Address:**

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**Phone Number (including area code):**

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**Age:**

**Height:**

**Weight:**

**Color of Hair:**

**Color of Eyes:**

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**Name of Organization:**

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**Address of Organization:**

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**Phone Number of Organization:**

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**Temporary Address:**

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**Temporary Phone Number (including area code):**

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**Nature of business to be conducted and the goods and services offered:**

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**If there are goods to be delivered, explain the method of delivery:**

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**Make, model and license number of vehicle to be used by applicant in the conduct of business:**

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**Last cities, villages, towns where you have conducted similar business:**

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**Place where applicant can be contacted for at least 7 days after leaving the Town:**

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**PLEASE LIST CONVICTION OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO APPLICANT'S DIRECT SELLER BUSINESS WITHIN THE LAST 5 YRS., THE NATURE OF THE OFFENSE AND THE PLACE OF CONVICTION.**

Charge	Location/Date	Disposition
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**READ CAREFULLY BEFORE SIGNING:** I declare under penalty of law that all of the above information is true and correct to the best of my knowledge and belief. I understand that incomplete or incorrect information may lead to denial of this license. License is valid for 90 days after approval. Laminated picture license must be in plain view when soliciting.

\_\_\_\_\_   
 Date

\_\_\_\_\_   
 Signature of Applicant

**FOR OFFICE USE ONLY**

Application File Fee: \$25.00

Date Paid: \_\_\_\_\_

Direct Seller's License Fee: \$75.00

Date Paid: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date License Expires: \_\_\_\_\_   
 (90-Day Period)