



Total Fees Due: _____

DIRECT SELLERS/TEMPORARY EVENTS LICENSE APPLICATION

Section A. Applicant Information - Please Print

Applicant Name: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Birth Date: ____/____/____

Email: _____

Driver's License Number or Other Proof of Identity: _____ Issuing State: _____

**Must provide a copy with application*

Section B. Representative of Person, Firm, Association, or Corporation Information

Person in Charge: _____
(if different from applicant) Last First Middle

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Birth Date: ____/____/____

Email: _____

Driver's License Number or Other Proof of Identity: _____ Issuing State: _____

**Must provide a copy with application*

Section C. Organization

Name of Organization You are Representing: _____

**Charitable organization must provide copy of proof of tax exempt status*

Organization Address: _____ City: _____ State: _____ Zip Code: _____

Temporary address from which sale sales or solicitations will be conducted: **if applicable*

Phone Number: (____) _____ - _____

Please provide with this application written permission from the owner of the property for the applicant to conduct business on the property

Briefly describe goods or services sold: _____

Method of solicitation: _____ Method of delivery: _____

Dollar value of most expensive merchandise or service offered: \$ _____

Dates in which selling activity shall occur: _____ Time of selling: _____

Total Number of employees selling during business operations covered by this license: _____

Do you plan to erect any structure in which solicitation will be conducted? Yes _____ No _____

If yes please describe the structure: _____

Do you plan to erect any signs? Yes _____ No _____

If yes you are required to apply for a sign permit. Apply on westonwi.gov/613/Sign-Permits

Vehicle to be used to conduct business: Make: _____ Model: _____

License Number: _____ State: _____

Last three Cities, Towns or Villages where similar sales or solicitations were conducted:

1. _____ 2. _____ 3. _____

Place where you can be contacted for at least sixty days after leaving this Village: _____

Have you or the person in charge ever been convicted of any crime or ordinance violation related to sales or solicitations or other transient merchant activities within the last five years? Yes _____ No _____

If answer is yes, give nature of offense and place of Conviction(s): _____

Are there any charges currently pending against you or the person in charge? Yes _____ No _____

If yes, give nature of the charge(s): _____

Section D. Signature and Acknowledgement

APPLICATION FEE - No application shall be processed until the following fee has been paid to the Clerk:
Popcorn, Peanut, Ice Cream Wagon or related business - \$30 yr.

All others: \$200/annually - \$100/6 months - \$50/month

Charitable Organizations are exempt from fee with proof of tax exempt form.

Please read carefully before signing:

I declare under penalty of perjury that all of the above information is true and correct to the best of my knowledge and belief. I further agree to appoint the Village Clerk as my agent to accept service or process in any civil action brought against me arising out of any sale, service performed or solicitation by me in connection with the direct sales or solicitation activities in the event I cannot, after reasonable effort, be served personally. I voluntarily grant the Village of Weston the right to investigate the statements I have made in this application. I understand the Village of Weston will be doing a background check on each applicant pursuant to Article IV, Chapter 18 of the Code of Ordinances. I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of direct sellers and solicitors in the Village of Weston.

Signature of Applicant _____ Date: _____

OFFICE USE ONLY: Date Application Received: _____ License Number: _____

Verify supporting documents have been included with the application...

Applicant AND Contact Person Photo ID : _____ | _____ Sign Permit: Yes ___ No ___ Tax Exempt: Yes ___ No ___

Signature Approval of Zoning Administrator: _____ Date: _____

Signature Approval of Chief of Police: _____ Date: _____