Fee: Direct Seller's - \$25.00 Solicitor's - \$10.00/day

## CITY OF OSSEO - DIRECT SELLER'S/SOLICITOR'S REGISTRATION FORM

Name	Phone		
Permanent Address			
Temporary Address (if any)			
Date of Birth Age He	eight Weight	Color Hair	Color Eyes
Firm Represented - Name		Phone	
Address			
Address from which business will be condu	acted:		
		Phone	
Nature of business to be conducted and a b	rief description of goods	and services offered:	
Proposed method of delivery of goods, if a	pplicable:		
Make, model and license number of any ve	hicle to be used by appli	cant in the conduct of	his/her business:
Last three cities, towns, villages where app	licant conducted similar	business: (1)	
(2)	(3)		
Address where applicant can be contacted	•		
Has the applicant been convicted of any cribusiness within the last 5 years?	ime or ordinance violation	on related to applicant	's transient merchant
If yes, the nature of the offense and place of	of conviction		
Driver's License Number	Wisconsii	n Sellers Permit No	
Is a State Certificate of Examination and AYesNo (If yes, please present			res required?
Will food or clothing be handled?Yes No (If yes, please present Note: Must be dated not more than 90 days			k/Treasurer for examination.)
I certify that the aforementioned statements	s were made by me and s	said statements are tru	e, to the best of my knowledge.
Signed:	Date:		
In the event I cannot be served after reason	able effort. I bereby ann	oint the Clerk/Treasur	er of the City of Osseo my age

In the event I cannot be served after reasonable effort, I hereby appoint the Clerk/Treasurer of the City of Osseo my 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 the direct sales activities.