

CITY OF WAUSAU DIRECT SELLERS LICENSE APPLICATION
 407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620 FAX# (715) 261-6626

Complete the application in its entirety. Businesses where the owner and employee are the same individual may submit one application under the business rate. Businesses who hire employees must submit an application for the business and separate applications for each employee (rates as follows). Check the appropriate box for the license terms you are making application for:

<input type="checkbox"/>	Business	<input type="checkbox"/>	30 day @ \$50.00	<input type="checkbox"/>	60 day @ \$100.00	<input type="checkbox"/>	90 day @ \$150.00	<input type="checkbox"/>	120 day @ \$200.00
<input type="checkbox"/>	Employee	<input type="checkbox"/>	30 day @ \$25.00	<input type="checkbox"/>	60 day @ \$ 50.00	<input type="checkbox"/>	90 day @ \$ 75.00	<input type="checkbox"/>	120 day @ \$100.00

Date of Application: _____ Date Licensing Period Begins: _____

Describe Location of Selling Activity: _____

Nature of Business to be Conducted: _____

Make/Year /Plate Number of Vehicles to be Used: _____

Dollar Value of Most Expensive Item Being Sold: \$ _____ List Item: _____

Check Bond Type: Surety Cash List Amount: \$ _____ Surety Policy Period: _____

Price of Goods
Less than \$1.00
\$1.01 - \$49.99
\$50.00 - \$99.99
\$100.00 - \$249.99
\$250.00 and Excess

Cash / Surety Bond Required
\$ 1,000.00
\$ 2,500.00
\$ 5,000.00
\$ 7,500.00
\$10,000.00

Note: Cash bonds are fully refundable after 60 days from the license expiration date, if the City Clerk has received no notice of complaints or upon written notification by a complainant that the complaint has been satisfactorily settled whichever occurs last. Surety bonds will be kept on file until expiration date.

1. BUSINESS INFORMATION

Name of Business: _____ OwnershipType: _____

Business Address: _____ Business Phone: _____

Owner/Agent Name: _____ Date of Birth: _____

Owner/Agent Address: _____ Telephone #: _____

Owner/Agent DL # _____ DL Issuing State _____

2. EMPLOYEE INFORMATION

Full Name: _____ Date of Birth: _____

Full Address _____ Telephone #: _____

Drivers License # _____ DL Issue State _____

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information. If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

 (Applicant Signature)

Subscribed and sworn to me this ____ day of _____ 20____.

BY: _____

 (Signature of Clerk or Notary Public)

TITLE: _____

My Commission (is Permanent) or Expires: _____