

DIRECT SELLER'S APPLICATION
FEE \$75.00/year

Applicant: (Print)

_____ Last _____ First _____ Middle

Maiden Name/Other Names Used: _____

Address: _____

DOB: _____ Telephone Number: _____

Driver's License Number: _____

Email Address: _____

Mobile Food Vendor Name: _____

Address: _____

Telephone Number: _____ Email Address: _____

Description of Goods Offered For Sale:

Have you ever been convicted of a crime, statutory violation, or ordinance violation in the last 5 years?
 yes no

If yes, list the convictions:

License Number: _____

License Issued On: _____

Expiration Date: _____

Amount Paid: _____

Date Paid: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL INFORMATION

The undersigned does hereby authorize the release of any criminal information relating to the undersigned to the Town of Addison, Washington County, Wisconsin.

Dated this _____ day of _____, 20____.

Applicant signature: _____

Witness: _____ Date: _____

Title: _____