

VILLAGE OF WEBSTER DIRECT SELLER'S PERMIT REGISTRATION FORM

Municipal Code 127
7505 Main Street West, PO Box 25, Webster, WI 54893
Phone: 715-866-4211 – Fax 715-866-4863

Applicant Information:

Name: _____

Address: _____

Phone: _____

Date of Birth: _____

State Sellers ID: _____

Business Information:

Name: _____

Address: _____

Phone: _____

Federal ID: _____

Nature of business and description of goods/services offered: _____

License Period (dates and times) From: _____ To: _____

Where is business to be carried on (Residential/Commercial): _____

Method of delivery of goods (If applicable): _____

Vehicle to be used by applicant:

Make: _____ Model: _____ Year: _____

License No. _____ State: _____ Exp. Date: _____

Driver's License #: _____ State: _____ Exp. Date: _____

I attest that I have not been convicted of any crime or ordinance violation related to the transient merchant business within the last five (5) years.

Signature: _____ Date: _____

\$15.00 Non-Refundable Investigation Fee-Allow Maximum of 72 Hours for Investigation

\$10.00 Direct Seller's Permit Fee

Please make checks payable to: Village of Webster Receipt #: _____ License # Issued: _____

Result of investigation: I hereby APPROVE/DISAPPROVE the issuance of a license to this applicant

Chief of Police Signature: _____ Date: _____

Remarks: _____