



**"Equal Opportunity Provider & Employer"**

508 Second Street, P.O. Box 277, Pepin, WI, 54759, Phone 715-442-2461 Emails:  
clerk@pepinwisconsin.org and treasurer@pepinwisconsin.org

## DIRECT SELLERS APPLICATION

### \$30.00 FEE & \$7.00 Background check

Anyone wishing to engage in direct sales within the Village of Pepin must provide certain information before they are issued a Direct Sellers License. Per SS 111.04 (C)(3) Upon payment of such fee and signing of such statement, the Village Clerk shall register the applicant as a direct seller and date the entry. Such registration shall be valid for a period of one year from the date of entry.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_

Product Description:

\_\_\_\_\_

Temporary address and phone # from which business will be conducted, if any:

\_\_\_\_\_

Salesperson's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Salesperson's Physical Description:

Age: \_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_ Eye Color: \_\_\_\_ Hair Color: \_\_\_\_

Nature of business to be conducted and a brief description of goods offered, and any services offered: \_\_\_\_\_

(If product is food or clothing and is required to be certified under state law, a current State Health Officer's certificate, no more than 90 days old, must be provided)

Make, model and license number of all vehicles(s) to be used by applicant in the conduct of his or her business:

\_\_\_\_\_

Last cities villages or towns, not to exceed three, where applicant conducted similar business:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Place where applicant can be contacted for at least seven (7) days after leaving this village:

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

#### REQUIREMENTS

Copy of Photo ID

Payment  
-Cash  
-Check # \_\_\_\_\_

Approved  
Date: \_\_\_\_\_

Denied  
Date: \_\_\_\_\_

Have you ever been convicted of any crime or ordinance violation related to your transient merchant business within the last five years? Yes/ No If yes please explain the nature of the offense and the place of conviction on the back.

Applicant(s) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Village use Only:

Background Check      Date: \_\_\_\_\_ Approved By: \_\_\_\_\_  
License #: \_\_\_\_\_ Date: \_\_\_\_\_ Issued By: \_\_\_\_\_