

TOWN OF LEDGEVIEW
PERMIT APPLICATION
SOLICITOR & PEDDLER.

Name of Applicant (include middle name)

Date of Birth

Home Address of Applicant (include zip code)

Home Phone #

Date of Birth ___/___/___ Age ___ Height ___ Sex ___ Weight ___

Race _____ Color Eyes _____ Color hair _____

Address & Phone Number where you can be reached while selling in Town and at least seven days after leaving Town

Employed By _____

Address & Phone Number of Employer _____

Name of Supervisor _____

Address & Phone number where Supervisor can be reached (If same as employer disregard)

Temporary address & phone number from which business is conducted, if any _____

Type of merchandise or service offered _____

Manufacturer of merchandise offered _____

Address & Phone Number of Manufacturer _____

Proposed method of delivery of goods (If applicable) _____

Make, model, color, year, state, license of vehicle _____

Drivers license number of applicant _____

Length of time requested From ____/____ To ____/____ 20____

Hours of operation From _____ To _____

Last three places where applicant conducted similar business _____

Name & addresses of last two Brown County property owners who can vouch for applicant _____

Other than traffic violations, has applicant ever been convicted of any crime or ordinance violation? If so state the nature of the offense and date of conviction

I understand I must comply with the Agriculture, Trade and Consumer Protection laws as defined in Chapter 127 Home Solicitation Selling. I also understand the requirements of Chapter 423 of the Wisconsin Statutes Right to Cancel law. I further understand that failure to comply with all laws and ordinances may cause revocation of my permit.

Signature of Applicant Date