



Direct Sellers Permit Application

Last Name:	First Name:	Middle Initial:
Date of Birth:	Street Address:	
Phone Number(s):	Email Address:	
Name of Organization:		
Street Address:		
Phone:	Website:	
Name of Supervisor:		
Supervisor Contact Number:	Supervisor Email:	
Nature of Sales and description of services:		
Temporary location from which sales or solicitations will be conducted, if any:		
Proposed dates and times of sales or solicitations:		

Vehicle(s) used in conduction of sales or solicitations:

Make	Model	Color	License #	State

List last three municipalities where applicant has conducted similar sales or solicitations:
Address where you can be contacted for up to 7 days after you cease selling in the Village:



Requirements

1. If sales or solicitations occur on private property, please attach written permission letter from the property owner that allows you to conduct the sales you have described on this application
2. If more than one person from a company will be selling, each person must fill out a registration form and pay the fees.
3. Each person is required to provide a photocopy of a picture ID for each application.
4. A non-refundable fee of \$50.00 must be paid before a permit will be issued. Permits will be valid for 6 months after issuance.
5. A Copy of the permit must be carried with you at all times during selling and must be presented upon request.

Restrictions

1. No Calling any dwelling or other place between the hours of 8:00pm and 9:00am except by appointment
2. No Calling any dwelling or other place where a sign is displayed bearing the words no peddlers, no solicitors, or words of similar meanings
3. No Calling at the rear door of any dwelling

I have read the above requirements and restrictions and agree to abide by them. Failure to do so will result in my permit being revoked. All information submitted on this application is true and accurate to the best of my knowledge. I acknowledge that it may take up to 48 hours from the time of permit application to the time the permit is received or denied. This time will allow for a background check to be completed on the applicant.

Signature:	Date:
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Office Use

Permit Granted

Denied

Date: _____

Permit Issued by: _____ Date: _____