

VILLAGE OF WAUSAUKEE

428 HARRISON AVENUE, PO BOX 475

WAUSAUKEE, WI 54177

(715) 856-5341 FAX (715) 856-6166

DIRECT SELLERS PERMIT REGISTRATION FORM

As Required By The Village of Wausaukee

\$5.00 per Day, \$20.00 per Week, or \$50.00 Per Month

Vendor Address

Name _____

Address _____

Phone _____

Email _____

State Sellers ID # _____

Corporate/Other Address (If Different)

Name _____

Address _____

Phone _____

Email _____

Federal ID # _____

Date(s) of Sale: _____

Nature of Business and Description of Goods/Services Offered

Method of Delivery of Goods (If Applicable)

Vehicle to be Used by Applicant

Make: _____

Model: _____

License plate #: _____

State of issuance: _____

Driver's license #: _____

State of issuance: _____

I ATTEST THAT I HAVE NOT BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO TRANSIENT MERCHANT BUSINESS WITHIN THE LAST FIVE(5) YEARS.

Signature _____

Date _____

Please Make Check Payable to: Village of Wausaukee (mailing address above)