



Village Clerk
925 15th Ave
Union Grove, WI 53182

Office: 262-878-1818

skohlhagen@vi.uniongrove.wi.gov
Website: uniongrovewi.gov

Fee: \$75.00

Receipt # _____

Reg/License # _____

VILLAGE OF UNION GROVE

DIRECT SELLERS - APPLICATION FORM

*** Indicates required information**

1. Business Information: *

Business Name:	Business Address (Street Address, City, State, Zip Code):	Business Phone Number:
----------------	---	------------------------

2. Management/Supervisor Information: *

First Name:	Last Name:
Phone Number (Best to contact):	Email Address:

3. Personal Information: *

First Name:	Middle Name:	Last Name:	
Driver License Number:	DL State:	Date of Birth (mm/dd/yyyy):	Phone Number (Best to contact):
Street Address:	City	State	Zip Code

4. Temporary address & telephone number from which business will be conducted (if applicable if not write N/A): *

5. Nature of business to be conducted and a brief description of the merchandise, and any services offered: *

6. Proposed methods of delivery of merchandise (if applicable, if not write N/A): *

7. Make, model, & license number of any vehicle to be used by applicant in the conduct of his/her business (if applicable, if not write N/A): *

8. Most recent cities, villages, or municipalities where applicant conducted his/her business (not to exceed 3): *

9. Place where applicant can be contacted for at least seven days after leaving the Village: *

10. Has applicant been convicted of any crime or ordinance violation related to applicant's Direct Seller business within the last five years? -- if yes, the nature of offense and the place of the conviction: *

***Where the applicant's business involves the handling of food or clothing and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than 90 days prior to the date the application license is made.

The applicant agrees to comply with and be bound by all the laws, ordinances, rules, regulations and penalties governing the business for which this license is applied for.

Copy of documents required:

1. Driver's License or proof of identity.
2. A State Health Officer's Certificate (if needed)***
3. A state certificate of examination & approval from the sealer of weights & measures (if needed) where applicant's business requires use of weighing & measuring devices approved by state authorities.

I affirm that all the information on this document is true and complete to the best of my knowledge, and I understand that any falsification or omission of information will disqualify me for this position. I authorize the Village of Union Grove to conduct a background check.

Applicant Signature:

Date Signed:

OFFICE USE ONLY

- All questions are answered
- All personal & business information is filled out completely

Documents attached:

- Copy of Driver's License or other proof of ID
- A state certificate of examination and approval of weights and measures (if needed)
- A State Health Officer's Certificate (if needed)

Notes:

Processed By:

Date Processed: