



City of Onalaska Direct Seller/Solicitor's Permit

Phone: Clerk (608) 781-9530 ▪ Police Dept. (608) 781-9550
415 Main St. Onalaska, WI 54650

City Clerk: dg-cityclerk@onalaskawi.gov
Police Chief: cashbeck@onalaskawi.gov
<http://www.cityofonalaska.com>

Date Filed:

License #:

Permit is Valid for 90 days from issuance
Fee - \$45.00 for 1st Applicant / \$25.00 Additional Applicants

FEES ARE NON-REFUNDABLE / NON-TRANSFERABLE

APPLICANT	Applicant Name: (First, Full Middle Name, Last)			State of WI Sellers Permit ID#: (Required)	
	Address:				
	City:		State:		Zip Code:
	Phone:	Cell:	Email:		
	Driver's License #: (Copy of Driver's License Required)			DOB:	
	Hair Color:	Eye Color:	Height:	Weight:	
	Make of Vehicle	Model of Vehicle	Year & Color of Vehicle	License Plate Number/State Issued	
	Temporary Address (if any):				

EMPLOYER	Company Name:			Name of Direct Supervisor	
	Company Address:				
	City:		State:		Zip Code:
	Phone:	Cell:	Fax:	Email:	

Provide a brief description of the business to be conducted and goods offered:	
Anticipated Start Date:	

If applicant's business involves the handling of food or clothing, a State Health Certificate is required under State Law. The State Health Certificate needs to state that applicant is apparently free from any contagious or infectious disease and dated not more than ninety (90) days prior to the date of application.	
<ul style="list-style-type: none"> ➤ Will applicant be handling either food or clothing in the course of their sales: <input type="checkbox"/> Yes or <input type="checkbox"/> No. ➤ If answered in the affirmative, is a State Health Certificate attached: <input type="checkbox"/> Yes or <input type="checkbox"/> No 	

Last three (3) Cities, Villages or Towns where applicant conducted similar business:	
Date:	Place:
Date:	Place:
Date:	Place:

Please initial below to indicate that you understand and will abide by the listed requirements:

_____	Applicant acknowledges that they have been provided a copy of The City of Onalaska Ordinance 7.03 as it pertains to Direct Sellers/Solicitors.
_____	Applicant affirms that they have made COMPLETE AND TRUE answers to each question and understands that their past record will become part of this application. The applicant is also aware that incomplete or false answers may result in denial or revocation of permit and authorizes a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests.
_____	Door to door solicitation may not occur until AFTER ISSUANCE OF THE PERMIT. Until the permit is approved and issued this is only an application.
_____	Applicant acknowledges that calling at the rear door of a dwelling, business or non-profit or calling at any dwelling, business or non-profit where a sign is displayed bearing the words "NO PEDDLERS", "NO SOLICITORS" or like notices in writing, is prohibited.
_____	Applicant understands that remaining on the premises after being asked to leave by the owner, occupant or other person having authority over such premises is prohibited.
_____	Applicant understands that they may not call upon any dwelling or other place between the hours of 7:00 p.m. and 9:00 a.m. except by appointment
_____	Applicant acknowledges that they must carry their direct seller license on their person at all times while engaged in selling and will display the permit to a prospective customer upon request.

Parameters for Denial of a Direct Seller/Solicitor's Permit

GIVING FALSE OR INCOMPLETE INFORMATION OR MISINFORMATION ON THE APPLICATION WILL BE GROUNDS FOR DENIAL.

If you have a conviction of any of the offenses listed below, your application will be recommended For denial:

- 1 Conviction of selling without a solicitor's license during the past 5 years.
- 2 Arrest or conviction of any crimes related to theft, burglary, fraud or forgery in the past 5 years.
- 3 Arrest or conviction of any sexual assault (1st- 4th degrees) in the past 5 years.
- 4 An arrest or conviction of any type of battery charge in the past 5 years.
- 5 An arrest or conviction of charges related to the activities performed while soliciting within the past 5 years, i.e. obstruction, disorderly conduct, etc.

List offenses for which you have been charged or convicted in the last five (5) years. This includes but is not limited to any felony, misdemeanor, ordinance violation and/or civil forfeiture violation from ANY state, county or municipality. (Attach additional sheet of paper if necessary to list all offenses.)

DATE:	NATURE OF CHARGES:	JURISDICTION WHERE CHARGED	STATUS

Make checks payable to the CITY OF ONALASKA. Return your application and remittance fee to:

City of Onalaska City Clerk
415 Main St.
Onalaska, WI 54650

Applicant hereby appoints the City Clerk as their agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities of the applicant, in the event the applicant cannot, after reasonable effort be served personally.

(Print Legibly) APPLICANT NAME

(Sign) APPLICANT NAME DATE

I have carefully read and accept full responsibility for the conditions and requirements of this permit, and understand that the Police Chief has the sole discretion to grant or deny said application. The undersigned hereby applies for a Solicitor's Permit in accordance with the requirements of the City of Onalaska Code of Ordinances and agrees to comply with the laws of the State of Wisconsin, and the provisions of the Municipal Code of Ordinances of the City of Onalaska.

If this permit is denied or revoked at any time, the application fee will not be refunded and you cannot re-apply for a period of one (1) year from the date of the original application. Applicant may appeal a denial through the appeal process as outlined in City of Onalaska Ordinance 7.03.33.E & 7.03.33.F.

Call or Email me when permit is ready to pick up or Mail permit to me

(Print Legibly) APPLICANT NAME

(Sign) APPLICANT NAME DATE

FOR OFFICE USE ONLY

Issued by City Clerk:

Date:

Approved or Denied (Circle One) by Police Chief:

Date: