Date of Application:



## CITY OF BELOIT DOOR-TO-DOOR SALESPERSON PERMIT APPLICATION

The investigation fee is **\$25.00** per applicant and record check fee of **\$7.00 each for the applicant**, **principals of the corporation**, **LLC**, **or nonprofit and local manager/responsible party**. Please allow 7-10 business days for processing and record checks. Permits expire December 31 of the licensing year.

APPLICANT (individual completing the application):				
Name (Last, First, Middle)	Home Address	DOB	Telephone Number	
Temporary Address, if applicable:				

#### I am completing this application on behalf of (check one):

Individual	Complete Sections A, E, G
Partnership*	Complete Sections B, D, E, G
Limited Liability Company*	Complete Sections C, D, E, G
Corporation*	Complete Sections C, D, E, G
Other Type of Organization	Complete Sections C, D, E, G
Nonprofit Organization*	Complete Sections C, D, E, G
Organization Sponsoring Juveniles*	Complete Sections C, D, E, F, G
Nonprofit Sponsoring Adults*	Complete Sections C, D, E, F, G

\*Every organization must appoint a local manager/responsible party for any incidents or complaints in the City of Beloit (see Section D).

## **SECTION A** – Individual (same as Applicant)

Age:	Height:	Weight:	Hair Color:	Eye Color:
If individu	ial on behalf of an em	ployer, please complete	the following:	
Name of E	Employer	Permanent Addr	ess	Telephone Number
				_
	<u>SE</u>	<u>CTION B</u> – Partnershi	ip (include all partners	5)
Name (La	st, First, Middle)	Home A	ddress	Telephone Number

## SECTION C – Corporation/Limited Liability Company/Nonprofit Organization/Other

#### Full Name of Corporation/LLC/NPO:

#### Address of Corporation/LLC/NPO:

#### Tax Exempt Status from IRS, if applicable:

(Please specify subsection of §501 of the Internal Revenue Code and provide letter or proof from IRS)

## If other organization, describe name and type:

(Include name, address, and telephone of 3 highest ranking officials in the organization below)

Member/Officer Name & Title	Home Address	Telephone Number
<u>SECTION</u>	<u>D</u> – Local Manager/Respon	sible Party

Name (Last, Fi	rst, Middle)	Home Address	DOB	Telephone Number	Telephone Number
Age:	Height:	Weight:	Hair Color:	Eye Color:	

## **<u>SECTION E</u>** – Information Regarding Operations

### Date(s) of Sales Operations:

#### Area(s) where activities will occur:

#### Hours of Operation:

(Door-to-door sales may only occur between 9:00 a.m. and 9:00 p.m.)

#### **Description of Product or Service:**

#### Vehicles used in activity:

MAKE	MODEL	LICENSE #	STATE OF REGISTRATION

## List 3 other municipalities where similar activities have been conducted:

CITY	STATE	DATES

# Report of any crime or non-traffic ordinance violation within the last 5 years committed by the <u>Applicant and/or Responsible Party:</u>

NATURE	DATE	PLACE	PENALTY

Please attach additional lists when necessary.

## **<u>SECTION F</u>** – Sponsored Persons, if applicable.

The sponsor must provide a badge or ID displaying name of sponsor or company and the name and picture of the bearer while participating in sales.

## List of Juveniles being sponsored:

NAME (Last, First, Middle)	HOME ADDRESS	TELEPHONE NUMBER

#### List of Adults being sponsored (nonprofit organizations only):

NAME (Last, First, Middle)	HOME ADDRESS	DOB	TELEPHONE NUMBER

#### Report of crime or non-traffic ordinance violation within the last 5 years for sponsored persons:

NAME	NATURE	DATE	PLACE	PENALTY

Please attach additional lists when necessary.

## SECTION G – Acknowledgment

I hereby make application with the City of Beloit for a DOOR-TO-DOOR SALESPERSON PERMIT as provided by Section 14.04 of the City of Beloit Municipal Code, the same to expire on the 31<sup>st</sup> day of December \_\_\_\_\_\_. Having read and answered all of the above statements and questions, I hereby consent to investigation of such facts and state that all of the above statements are **true and correct** to the best of my knowledge. I understand that any omission shall render this application, and any subsequent permit, void. I understand that information provided on this application is of **public record**. If I am the applicant or local manager, I understand that it is my responsibility to **supervise and control the activities of all sponsored persons** while engaging in door-to-door sales. I understand that the investigation and record check fees are **non-refundable** under any circumstances and that I can appeal the denial of this permit application to the City Council by filing a written appeal with the City Clerk within five days of receiving the written notice of denial.

Applicant/Responsible Party Signature

#### OR

As an **ex-soldier licensed by the State of Wisconsin**, I understand that I am exempt from the permit requirements but not the regulations. As such, I have read and understand the regulations for door-to-door salespersons in the City of Beloit and I agree to abide by said regulations. I have submitted a copy of my Wisconsin Statewide Peddler's License, per §440.51 of the State Statutes. I understand that if this license is suspended or revoked by the Department of Safety and Professional Services, I must inform the City Clerk and cease any sales activities immediately.

Signature of Ex-Soldier licensed by the State of Wisconsin

For Office Use Only:	Exemption Claimed (attach letter from IRS) Ex-Soldier (attach copy of WI Peddlers License) Copy of Licenses required (DL or Photo & 2 IDs) Total Fees Paid Date Fees Paid Gave Supplemental Information to Applicant Treasurer's Check Sheet Completed Date Permit Issued by Clerk
APPROVAL or DENIAL (circle one)	
Police Department:	Date:
COMMENTS:	