



Peddler's Permit

City of New Holstein
2110 Washington St.
New Holstein, WI 53061
(920) 898-5766

FOR OFFICE USE ONLY:

Peddler's Permit No: _____

Application Date: _____
(Valid for 1 year from this date. Subject to subsequent refusal.)

Application Fee \$25.00

Applying as: Employee Employer Principal (Each Employee MUST Complete Separate Permit Applications.)

THIS IS AN APPLICATION ONLY, AND NOT A PERMIT TO CONDUCT BUSINESS.

Business Name: _____

All Correspondence will be mailed to this address. (City, State, & Zip Required)

Business Address: _____

Business Phone: () _____

Description of Nature of Business: _____

Description of goods & services offered: _____

Method of Delivery (if applicable): _____

Vehicle Make & Color

Vehicle Model

License Plate Number

State

Applicants Name: _____

First

Middle

Last

Date of Birth: _____

Social Security #: _____

Height: _____

Weight: _____

Age: _____

Drivers License #: _____

Hair Color: _____

Eye Color: _____

Home (Permanent) Phone: () _____

Home Address: _____

Temporary Address (if applicable): _____

Phone where applicant can be contacted 7 days after leaving New Holstein: () _____

Last City, Village, or Town (Not more than 3) where applicant has conducted business: _____

Statement of Conviction of any crime or ordinance violation related to Transient Merchant Business within the last five years: _____

Nature of Offense: _____

Place of Conviction: _____

(Court)

(City or County)

(State)

Date of Conviction and penalty assessed: _____

COPIES of the following must be attached:

____ Drivers License or Valid Government Issued Photo ID

____ Certificate of registration from Department of Workforce Development (DWD)

____ State Certificate of Weights and Measures (if applicable)

____ Registration Certificate from DWD

____ State Health Certificate certifying that all sellers named upon this permit application are free from contagious/infectious diseases if selling food/clothing items. Certificate must be dated no more than 90-days prior to the date that the application is made.

PROHIBITED PRACTICES:

1. Calling at any dwelling or other place between the hours of 9:00 p.m. and 9:00 a.m., except by appointment.
2. Calling at any dwelling or other place where a sign is displayed bearing the words "No Peddlers", "No Solicitors" or words of similar meaning.
3. Calling at the rear door of any dwelling place.
4. Remaining on any premises after being asked to leave by the owner, occupant, or other person having authority over such premises.
5. A direct seller shall not misrepresent or make false, deceptive or misleading statements concerning the quality, quantity, or character of any goods offered for sale, the purpose of his/her visit, his/her identity or the identity of the organization he/she represents. A charitable organization direct seller shall specifically disclose what portion of the sale price of the goods being offered will actually be used for the charitable purpose for which the organization is soliciting. Said portion shall be expressed as a percentage of the sale price of the goods.
6. No direct seller shall impede the free use of sidewalks and streets by pedestrians and vehicles. Where sales are made from vehicles, all traffic and parking regulations shall be observed.
7. No direct seller shall make any loud noises or use any sound amplifying device to attract customers if the noise produced is capable of being plainly heard outside a one hundred foot radius of the source.
8. No direct seller shall allow rubbish or litter to accumulate in or around the area in which he/she is conducting business.

DISCLOSURE REQUIREMENTS

1. After the initial greeting and before any other statement is made to a prospective customer, a direct seller shall expressly disclose his/her name, the name of the company or organization he/she is affiliated with, if any, and the identity of goods or services he/she offers to sell.
2. If any sale of goods is made by a direct seller, or any sales order for the later delivery of goods is taken by the seller, the buyer shall have the right to cancel said transaction if it involves the extension of credit or is a cash transaction of more than \$25.00, in accordance with the procedure as set forth in Sec. 423.203, WI Stats.; the seller shall give the buyer two copies of a typed or printed notice of the fact. Such notice shall conform to the requirements of Wis. Stats. 423.203 (1)(a)(b) and (c), (2) and (3), WI Stats.
3. If the direct seller takes a sales order for the later delivery of goods, he/she shall, at the time the order is taken, provide the buyer with a written statement containing the terms of the agreement, the amount paid in advance whether full, partial or no advance payment is made, the name, address, and telephone number of the seller, the delivery of performance date and whether a guarantee or warranty is provided and, if so, the terms thereof.

PERSON SUBMITTING INFORMATION FOR THIS PERMIT (COMPANY REPRESENTATIVE)

As representative of the company whose name appears on this permit, my signature below indicates that I have read and completely understand the conditions listed within it and agree to them. I am also responsible for making certain that all people names on this permit will receive a copy of the permit and conditions and that all of those people will also abide by the conditions listed. I understand that false information listed on this permit will result in immediate revocation of the permit for all parties listed and could subject me to prosecution. In addition, if after reasonable effort has been made to serve me personally and is unsuccessful, I authorize the New Holstein Police Department to accept service of process in any civil action brought forward which arises out of any sales activities or service performed related to this permit. I understand that this permit is valid for a period of one-year from the date approved by the City Administrator for the City of New Holstein.

Signature of Applicant

Date Signed

DO NOT WRITE BELOW THIS LINE – POLICE USE ONLY

Seller's Permit: (Circle One)

APPROVED

DENIED

Signature: _____
(Chief of Police or Designee)

Date: _____

Basis for denial: _____

Records Check Completed by: _____ Date: _____