## DIRECT SELLERS LICENSE APPLICATION CITY OF STEVENS POINT

NAME OF APPLICANT:			
	(Last, First, Middl		
Phone Number:		Date of Birth	:
Height	Weight	Color of Eyes	Color of Hair
BUSINESS ADDRESS: _			
METHOD OF DELIVERY	Y OF GOODS:		
MAKE, MODEL AND LI	CENSE NUMBER	OF VEHICLE USED IN CONDUC	CT OF BUSINESS:
LAST THREE CITIES/VI	LLAGES/TOWNS	S SIMILAR BUSINESS CONDUCT	ED:
ADDRESS APPLICANT	CAN BE CONTA	CTED FOR AT LEAST 7 DAYS AF	TER LEAVING STEVENS POINT:
OFFENSES WITHIN THI NATURE OF OFFENSE:	E LAST FIVE YEA	ARS? YES NO	
covered by this license;	by authorized the C	ity Clerk to accept process in my ber	alf in any incident arising out of the service
nothing but the truth; and t	this I do under the p		is application is the truth, the whole truth and aware that any willful misrepresentation or for false swearing.)
		Signature	
STATE OF WISCONSIN COUNTY OF PORTAGE	,		
	efore me this		, 20
My Commission expires _			
Driver's license or other pr	roof of identity:		
Police Approval		DateDate	Fee Paid
Cicik s Appiovai		Dan	Receipt License#

## **AUTHORIZATION FOR SERVICE OF PROCESS**

## **DIRECT SELLER'S LICENSE**

The undersigned who has applied for a Direct Seller's License with the City Clerk for the City of Stevens Point pursuant to Section 12.25(4)(c) of the Revised Municipal Code of the City of Stevens Point hereby appoints the City Clerk or his agent to accept service of process in any civil action brought against the undersigned applicant arising out of any sale or service performed by the applicant in connection with direct sales activities of the applicant, in the event the applicant cannot be after reasonable effort served personally.

	1 1	ce of any process in any civil action as provided forthwith a sapplication for a seller's permit, a copy of the process v	
Dated this	day of		
		Applicant's signature	_