CITY OF RIVER FALLS

DIRECT SELLERS LICENSE APPLICATION

Per State Statute 77.61 (11) State Sellers Permit Required

Fee: $10.00/Month or $100.00/Year

plus $25.00 Investigation Fee

$7.00 Investigation Fee for add'l

(Please allow two weeks to process)

State Tax #_____ FEIN_____

Full Name: _____ Date:_____

First Middle Last

Permanent Address:_____ Primary Phone:_____

Temporary Address:_____ Primary Phone:_____

Email:_____ Cell Phone:_____

Date of Birth:_____ Height:_____ Weight:_____ Hair:_____ Eyes:_____

Name of Firm, Association, Corporation or Company You Represent:

_____

Address:_____ Primary Phone:_____

Nature of Business To Be Conducted:_____

Type of Goods or Services To Be Offered:_____

How Goods Are To Be Delivered:_____

Vehicle To Be Used By Applicant:_____

Make:_____ Model:_____ License Number:_____

Driver's License Number:_____ State:_____

Last Three Cities, Villages or Towns You Conducted Similar Business:

1._____ 2._____ 3._____

Address Where Applicant Can Be Contacted For At Least Seven Days After Leaving the City:

_____ Primary Phone:_____

(Complete information on back of page before signing)

Any person who fails to provide complete, accurate or truthful information on any license application shall be cause for denial of such license. Reapplication shall not be allowed unless a minimum of 90 days has elapsed since the date of the previous application.

Applicant Signature:_____ Date:_____