FILLING OUT YOUR APPLICATION:

- An application is needed for each person seeking to engage in direct sales under City Ordinance Chapter 411, Transient Merchant. Not sure if a permit is needed, contact the Brodhead Police Department at 608-897-2112.
- Applications must be filled out accurately and completely. If a section of the application does not apply, place an N/A in the appropriate box.
- If you have any doubt as to whether to include the facts of a specific incident it is recommended that you disclose the information. Application will not be processed until outstanding warrants have been dealt with.
- To obtain information regarding about an arrest or conviction record contact the police department and/or the court which handled the arrest or conviction. Another resource is the Wisconsin Circuit Court Access (CCAP) website https://wcca.wicourts.gov/ However, CCAP may not reflect all of a person’s arrests or convictions.

REVIEW OF YOUR APPLICATION / BACKGROUND INVESTIGATION:

- The Brodhead Police Department completes a background investigation of applicants and applications to ensure the applicant is fit to engage in direct selling, as well as, the application is filled out thoroughly and honestly.

DENIAL OR REVOCATION OF PERMIT:

- The Brodhead Police Department or City Clerk can deny or revoke a permit if the applicant made any material omission or materially inaccurate statement in the application; complaints of a material nature have been received against the applicant by authorities in the last municipalities in which the applicant conducted similar business; made any fraudulent, false, deceptive or misleading statement or representation in the course of engaging in direct sales; violated any provision of City Ordinance; was convicted of any crime or ordinance or statutory violation which is directly related to the registrant's fitness to engage in direct selling; failed to provide to comply; or the applicant failed to provide request documentation as required by ordinance.
- If an application or permit is denied or revoked, the applicant can file a written appeal with the City Clerk, within ten (10) days of being notified of such denial or revocation.

RESTRICTIONS ON DIRECT SALES / DISCLOSURE REQUIREMENTS TO BUYER (not an all-inclusive listing):

- For a complete list of regulations visit this website: https://ecode360.com/27779921
- Sales cannot be conducted on Sundays or holidays or between the hours of 9:00 p.m. and 9:00 a.m., unless an appointment has been made; calling at any dwelling or other place where a sign is displayed bearing the words "No Peddlers," "No Solicitors" or words of similar meaning; calling at the rear door of any dwelling place; or remaining on any premises after being asked to leave by the owner, occupant or other person having authority over such premises.
- Shall not misrepresent or make false, deceptive or misleading statements concerning the quality, quantity or characteristics of any merchandise offered for sale, the purpose of his visit, the applicant’s identity or the identity of the organization the applicant represents.
- A charitable organization shall disclose what portion of the sale price 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 merchandise.
- Shall not impede the use of sidewalks and streets by pedestrians and vehicles; or conduct sales from a public right-of-way or public parking lot; or from private property not permitted for such activity under Brodhead Zoning Codes.
- Loud noises or use any sound-amplifying device to attract customers cannot be plainly heard further than a one-hundred (100) feet from the source.
- No rubbish or litter can accumulate in or around the area in which business is conducted.
- After the initial greeting and before any other statement is made to a customer, an applicant shall disclose their name, the name of the company or organization they are affiliated with, if any, and the identity of merchandise or services being sold.
- The buyer can cancel any transaction if it involves the extension of credit or is a cash transaction of more than $25, in accordance with the procedure as set forth in State Statute; the seller shall give the buyer two (2) copies of a typed or printed notice of that fact. Such notice shall conform to the requirements of Wisconsin State Statute.
- If a later delivery date or time is agreed upon, at the time the order is taken, the buyer shall be provided 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 or performance date and whether a guarantee or warranty is provided and, if so, the terms thereof.
**City of Brodhead**

**TRANSIENT MERCHANT PERMIT APPLICATION**

Rev. 06/18/2018

**FEE:** $22.00 (not refundable, includes $15.00 permit fee and $7.00 for background investigation)

**APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Hair Color</th>
<th>Eye Color</th>
</tr>
</thead>
</table>

| Alias(es), Maiden Name, Nickname(s), Other Names you have used: | |

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Any other dates of birth you have used</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver’s Permit or ID Card Number</th>
<th>State of Issuance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Permanent Phone Number:</th>
<th>Temporary Phone Number:</th>
<th>Email Address:</th>
</tr>
</thead>
</table>

What is the best way to contact you: ☐ Phone ☐ Email ☐ Other: ________________________________

**RESIDENCE OF APPLICANT:**

1. Permanent Street Address, including apartment number if applicable
   
   City, State, and Zip Code

2. Temporary Street Address, including apartment, unit or suite number if applicable
   
   City, State, and Zip Code

**WHERE CAN APPLICANT BE CONTACTED SEVEN (7) DAYS AFTER LEAVING BRODHEAD:**

<table>
<thead>
<tr>
<th>Street Address, City, State, and Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

**PERSON, FIRM, ASSOCIATION, OR CORPORATION APPLICANT IS REPRESENTING, EMPLOYED BY OR WHOSE MERCHANDISE IS BEING SOLD:**

| Person, Firm, Association, Corporation Name: | |

<table>
<thead>
<tr>
<th>Manager’s Name:</th>
<th>Business Phone Number:</th>
</tr>
</thead>
</table>

Business Street Address, including apartment or suite number, City, State, and Zip Code:

*** TURN THIS PAGE OVER ***
NATURE OF BUSINESS AND DESCRIPTION OF THE FOOD, MERCHANDISE, OR SERVICE BEING OFFERED:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

THREE (3) PREVIOUS MUNICIPALITIES WHERE APPLICANT CONDUCTED SIMILAR BUSINESS:

1. Name of City, Village, or Town  
   City, State, and Zip Code  

2. Name of City, Village, or Town  
   City, State, and Zip Code  

3. Name of City, Village, or Town  
   City, State, and Zip Code  

SERVICE BASE ADDRESS: (where vehicle returns for vehicle/equipment cleaning, discharging, refilling, boarding, etc., if applicable)

<table>
<thead>
<tr>
<th>Street Address (including apartment, unit, or suite number), City, State, and Zip Code:</th>
</tr>
</thead>
</table>

METHOD OF DELIVERY OF MERCHANDISE OR SERVICE:

| Vehicle: Make __________________ Model _____________________ License Plate: ____________ State: ______ |
| Cart: □ Stand: □ Door to Door: □ (include vehicle information) |
| Other: __________________________ (include vehicle information, if applicable) |

BACKGROUND INVESTIGATION:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>I authorize a review of and full disclosure of any and all records, files and reports, which include any police contact(s) as well as arrests in order to determine my suitability to possess a transient merchant permit issued by the City of Brodhead.</td>
<td></td>
</tr>
<tr>
<td>Have you ever had a transient merchant or direct seller’s permit suspended, revoked or denied in this or any other municipality? If yes, list the municipality:</td>
<td></td>
</tr>
<tr>
<td>Are you now on probation, parole or supervision in Wisconsin, the Federal system or another State? If Yes, provide name and phone number of agent supervising you:</td>
<td></td>
</tr>
<tr>
<td>In the past five (5) years have you ever been charged or convicted of any felony, misdemeanor, or ordinance offense, including traffic offenses, but excluding parking tickets, in Wisconsin or any other State, County, or municipality? If Yes, provide the following information. Attach additional sheets, if necessary.</td>
<td></td>
</tr>
</tbody>
</table>

1. Type of Violation / Description of Incident  
   Violation Date  
   City and State of Violation  
   Disposition  

2. Type of Violation / Description of Incident  
   Date of Violation  
   City and State of Violation  
   Disposition
ATTACHED A COPY OF THE FOLLOWING TO THIS APPLICATION:

- Current driver’s license or State ID Card, required of all applicants
- Current Wisconsin Seller’s Permit issued by the Wisconsin Department of Revenue, if applicable
- Wisconsin certificate of examination and approval from the sealer of weights and measures for each device utilized, if applicable.
- Current mobile food establishment permit issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection, if applicable.
- Current Food Service Manager Permit issued by the Wisconsin Department of Agriculture, Trade and Consumer Protection, if applicable.
- Insurance Carrier and Policy Number, if applicable
- Other license(s) or permit(s) required by the State of Wisconsin, if applicable.

CERTIFICATION: By signing below, I hereby appoint, the City Clerk as my agent to accept service of process in any civil action brought against me, the applicant, arising out of any sale or service performed by me, in connection with my direct sales activity, in the event I cannot be served personally. I further certify the information provided on this application is true and correct to the best of my knowledge. I understand omitted, inaccurate, misleading, or false answer constitutes sufficient reason for denial, non-renewal, or revocation of my permit. I further agree to comply with all Federal, State or local laws which regulate transient sales or the handling of food, if applicable. Finally, I understand if my application is denied I am not entitled to a refund or if I am granted a permit, said permit will expire on June 30, ________________________________

APPLICANT SIGNATURE: ___________________________ DATE: ________________

RETURN THIS APPLICATION TO: City Clerk’s Office 1111 W. 2nd Ave. Brodhead, WI 53520

FOR OFFICE USE ONLY

FOR CITY CLERK’S OFFICE ONLY: Date Received: _____________ Initials: ___________

Total Fees Collected $ _______________ Rec. No. __________________________ Permit No. _______________

Date: _______________ Approved □ Denied □ Initials: _______________

Notations: ____________________________

FOR POLICE DEPARTMENT USE ONLY: Date: _______________ Initials: _______________

In-House: No History: □ Nothing Relevant: □ See Attached: □

CCAP: No History: □ Nothing Relevant: □ See Attached: □

CIB: No History: □ Nothing Relevant: □ See Attached: □

Police Comments: Recommends Approval: □ Has Concerns, referred to Public Safety Committee: □