

Has applicant been convicted of any crime or ordinance violation related to applicant's merchant business within the last five years: \_\_\_\_\_yes \_\_\_\_\_no

If yes, what was the nature of the offense and the place of conviction?

A fee of \$25.00 shall be paid to the Town of Mukwonago at time of registration.

A direct seller shall be prohibited from calling at any dwelling or other place between the hours of 9:00 PM and 9:00 AM except by appointment or calling at any place where a sign is displayed bearing the words "No Peddler", "No Solicitors" or words of similar meaning.

The applicant shall appoint the clerk his/her agent to accept service of process in any civil action brought against the applicant arising out of any sale or service performed by the applicant in connection with the direct sales activities, in the event the applicant cannot, after reasonable effort, be served personally.

An applicant shall present to the Town Clerk a copy of a driver's license or some other proof of identity.

Registration shall be valid for a period of one year from date of application, subject to subsequent refusal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# INFORMATION RELEASE AUTHORIZATION

(For official use ONLY, not to be released to unauthorized persons)

To Whom It May Concern:

I authorize any official representative of the Town of Mukwonago bearing or presenting this release, to obtain information and records from the State of Wisconsin Department of Justice pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable or confidential in nature from any or all of the following sources:

1. Municipal, State or Federal law enforcement agencies
2. Selective Services System
3. Any place of business
4. Any Court, Police Agency or other location where criminal and misdemeanor records are kept
5. Any school, college, university or other educational institution
6. Any law enforcement or jail officer

I understand that any information obtained by the personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment/volunteer/direct seller opportunity by the Town of Mukwonago. I hereby release any individual or institution, including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under SS.895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature/Date)

\_\_\_\_\_  
(Witness Signature/Date)

Legal Name: Last, First, Middle	Maiden Name
Resident Street Address	City
(Area Code) Home Phone	Social Security Number
Date of Birth (00/00/20??)	Race: (White, Black, Asian/Pacific Islander, Am. Indian/Alaskan)