

**CITY OF CEDARBURG  
W63 N645 WASHINGTON AVENUE  
P.O. BOX 49  
CEDARBURG, WI 53012**

City Clerk

Phone (262) 375-7606

FAX (262) 375-7906

**APPLICATION FOR LICENSE DIRECT SELLERS & SOLICITORS  
EXEMPT ORGANIZATIONS AND INDIVIDUALS**

*Note: This permit is not valid during Festivals. See Clerk for dates.*

**PLEASE PRINT**

**INDIVIDUALS**

Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street City State

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Weight: \_\_\_\_\_

Height: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

Driver's License Number or other proof of identity: \_\_\_\_\_  
State Number

NAME OF ORGANIZATION YOU ARE  
REPRESENTING: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Address of Officers or Directors: \_\_\_\_\_

Proposed dates and times: \_\_\_\_\_

Do you in any way benefit from the goods or monies which you will receive as a result of your proposed solicitations: Yes \_\_\_\_\_ No \_\_\_\_\_

State what percentage of the goods or money collected will be actually used for the charitable or religious purpose. \_\_\_\_\_

State for what purpose goods or monies collected will be used. \_\_\_\_\_

If said goods or monies are turned over to an organization, indicate the Federal and State ID numbers which identify this organization as an exempt entity.

Federal \_\_\_\_\_ State \_\_\_\_\_

Have you been convicted of any crime or ordinance violation related to sales or solicitations or other transient merchant activities within the last five years? Yes\_\_\_\_\_ No\_\_\_\_\_

If answer is yes, give nature of offense and place of conviction:\_\_\_\_\_

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Are there any charges currently pending against you? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, give nature of the charges:\_\_\_\_\_

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Pursuant to Section 7-4-3 of the Municipal Code of the City of Cedarburg, exempt applications shall deposit with the Clerk the sum of Twenty-five Dollars (\$25.00). Said sum shall be refunded to such applicants upon their taking delivery of the license or licenses issued pursuant to Subsection (a) (11) b hereof. In the event such an applicant fails and neglects to take delivery of said license or licenses before initiating their solicitation, such deposit shall be forfeited to the City. Applications will not be processed until the \$25 deposit is received. Bond requirements and license fees are waived for those who qualify.

Date \$25.00 deposit received\_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

**Please read carefully before signing:**

I declare under penalty of perjury that all of the above information is true and correct to the best of my knowledge and belief.

I voluntarily grant the City of Cedarburg the right to investigate the statements I have made in this application. I understand the City of Cedarburg will be doing a background check on each applicant pursuant to Section 7-4-5 of the Code of Ordinances.

I further acknowledge receipt of a copy of the rules and regulations pertaining to the conduct of direct sellers and solicitors in the City of Cedarburg.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Chief of Police