CITY OF VERONA TRANSIENT MERCHANT/DIRECT SELLER REGISTRATION

Fee: \$20.00 C.I.B: \$7.00		Date: CR#:		
PLEASE PRINT CLEARLY				
NAME:		DATE OF BIRTH:		
First M.I.	Last			
HOME ADDRESS:Stre				
Stre	eet	City	State EVD.	Zip
DRIVER'S LIC. NO HEIGHT:HA	IR COLOR.	_STATE: EYES:	EXP:EXP:	SEX
				_0111
PHONE WHERE APPLICANT CAN BE REACHED AFTER LEAVING VERONA:				
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME; MISDEMEANOR, OR FOUND IN VIOLATION OF ANY ORDINANCE OTHER THAN TRAFFIC VIOLATIONS [7-4-4(A)(10)]? NOIF YES, EXPLAIN:				
NAME OF EMPLOYER (WHOM YOU WILL BE SELLING FOR):				
ADDRESS OF EMPLOYER:			Employer Phone	
CREW MANAGER NAME AND PHONE:				
LENGTH OF TIME TO BE IN VERON	NA:	THROU	JGH	
LENGTH OF TIME TO BE IN VERONA:THROUGH				
NATURE OF BUSINESS TO BE CONDUCTED, DESCRIPTION OF MERCHANDISE/SERVICES:				
I DO SOLEMNLY AFFIRM THAT ALL INFORMATION HEREON CONTAINED IS TRUE AND CORRECT. APPLICANT SIGNATURE: *FALSE STATEMENTS WILL RESULT IN DENIAL OF OR IMMEDIATE TERMINATION OF THE PRIVELAGE TO SELL OR SOLICIT IN THE CITY OF VERONA, WISCONSIN [7-4-9(A)]				
OFFICE USE ONLY				
TO: LAW ENFORCEMENT SUBJECT: DIRECT SELLER'S PERMIT FOR:				
I HAVE REVIEWED THE ABOVE REGISTRATION FORM AND FOUND THE FOLLOWING LEGAL VIOLATIONS HAVE OCCURED THAT INVOLVE THE APPLICANT. (DO NOT LIST MINOR TRAFFIC) [7-4-9(A)]				
NO C.I.B RECORD REC	COMMENDATION:	APPROVED	DISAPPROVE	D
DATE:				

CHIEF OF POLICE