



*"In the Spirit of Town Government"*

**TOWN OF BUCHANAN**  
N178 COUNTY RD N, APPLETON, WI 54915  
Phone: (920) 734-8599 Fax: (920) 734-9733

**SELLERS AND SOLICITORS LICENSE REGISTRATION FORM**  
**(Form must be submitted for each employee to be covered by a permit)**

The Code of the Town of Buchanan, Chapter 263, states that it shall be unlawful for any direct sales or solicitations within the Town of Buchanan without being registered and licensed for that purpose.

**Personal Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Permanent Address (place where applicant can be contacted at least 7 days after leaving town):  
\_\_\_\_\_

Temporary Address (if applicable): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Identify any convictions of any crime or ordinance violation related to sales or solicitations within the last 5 years, detail nature of offense and place of conviction:  
\_\_\_\_\_  
\_\_\_\_\_

**Employer, Firm, Association or Corporation Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Sales or Solicitations Temporary Location Information (if any)**

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

**Specific Sales or Solicitation Information**

Describe nature of sales or solicitations and description of goods and/or services offered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify last 3 cities, villages and towns where similar sales or solicitations were conducted:  
\_\_\_\_\_  
\_\_\_\_\_

Method of delivery of goods: \_\_\_\_\_

Vehicle(s) used by employee(s) during sales or solicitation:

\_\_\_\_\_  
(Make) (Model) (Year) (Color) (License Plate No.) (State)

\_\_\_\_\_  
(Make) (Model) (Year) (Color) (License Plate No.) (State)

Dates sales/solicitations will be made: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Mo) (Day) (Yr) (Mo) (Day) (Yr)

The following information shall be presented by the Applicant to the Town Clerk for examination upon submittal of this completed form:

- Drivers license or some other acceptable photo identification
- Social Security Card
- A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities
- A state health officer's certificate where applicant's business involves handling of food or clothing and is required to be certified under state law
- Application Fee

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

- Code of the Town of Buchanan, Chapter 263, provided to Applicant:  YES  NO
- Applicant provided required forms of ID and state certificates:  YES  NO
- Form submitted for each employee to be covered by permit:  YES  NO
- Required Application Fee Collected:  YES  NO

Approval Process Steps

- 1) Registration Form provided to Sheriff's Department for investigation:  
 YES  NO Date: \_\_\_\_\_
- 2) Registration Form, Sheriff's information (when completed) provided to Town Clerk:  
 YES  NO Date: \_\_\_\_\_

APPLICATION HAS BEEN: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Required Daily Fee Collected/Surety Bond Provided (if required):  YES  NO Date: \_\_\_\_\_  
License Given to Applicant:  YES  NO Date: \_\_\_\_\_