

CITY OF DARLINGTON

MAYOR
POLICE DEPARTMENT
ASSESSOR

CITY CLERK-TREASURER
MUNICIPAL WATER & SEWER DEPT.
BUILDING INSPECTOR

PUBLIC WORKS DIRECTOR
PARKS & RECREATION DIRECTOR
WELLNESS CENTER DIRECTOR

DARLINGTON MUNICIPAL BUILDING
627 Main Street - First Floor
Darlington, WI 53530
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P.O. Box 207
Darlington, WI 53530-0207
www.darlingtonwi.org

APPLICATION FOR REGISTRATION FOR SOLICITATIONS

(City of Darlington Ordinance 11.04 – Direct Sellers, Transient Merchants, and Solicitors)

NAME: _____
Last First M.I.

PERMANENT HOME ADDRESS: _____

TEMPORARY ADDRESS (if any): _____

HOME PHONE #: _____ CELL PHONE #: _____

DATE OF BIRTH: _____ AGE: _____ SSN#: _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

DRIVER'S LICENSE #: _____ STATE: _____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

WORK PHONE #: _____ FAX #: _____

TEMPORARY ADDRESS FROM WHICH SALES WILL BE CONDUCTED (if any):

NATURE OF SALES / SOLICITATIONS TO BE CONDUCTED, AND A BRIEF DESCRIPTION OF
THE FOODS and/or SERVICES OFFERED: _____

PROPOSED DATES & TIMES OF SALES / SOLICIATIONS: _____

PROPOSED METHOD OF DELIVERY OF GOODS (if applicable): _____

MOTOR VEHICLE: _____
OF APPLICANT Make Model Year Color

LICENSE PLATE #: _____ STATE: _____

LAST (3) CITIES / VILLAGES / TOWNS WHERE APPLICANT CONDUCTED SIMILAR SALES / SOLICITATIONS:

- (1) _____
(2) _____
(3) _____

PLACE WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST (7) DAYS AFTER LEAVING THIS CITY: _____

STATEMENT OF CONVICTIONS OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO APPLICANT'S SALES / SOLICITATIONS OR OTHER TRANSIENT MERCHANT ACTIVITIES WITHIN THE LAST (5) YEARS, THE NATURE OF THE OFFENSE, AND THE PLACE OF CONVICTION:

I CERTIFY THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE OF APPLICANT

DATE

** Please submit a copy of your Driver's License or other proof of identification with this application*