



DIRECT SALES PERMIT APPLICATION

PART A - TO BE COMPLETED BY APPLICANT

1. License Type: 30-Day; Annual for _____ Calendar Year
2. Name of Applicant: _____ Individual; Partnership; Corporation
3. Address of Applicant: _____

STREET ADDRESS
CITY, STATE & ZIP CODE
4. Full Name of Person in Charge of Sales: _____ Date of Birth: _____
5. Home, Business, and Mobile Phone #'s: _____
6. Felony, Misdemeanor, or Ordinance Violation Convictions and Pending Cases for Person in Charge: (CONTINUE ON BACK IF NECESSARY):

DATE	CHARGE	COURT	SENTENCE IMPOSED
7. Items to Be Sold: _____
8. Type of Direct Sales: Motor Vehicle; Cart; Stand; Other: _____
9. Vehicle/Cart Description: _____

MAKE/MODEL
LICENSE AND/OR IDENTIFICATION NUMBER
10. Location Type(s): Sidewalk; Street; Other Public Property; Private Property
11. Specific Locations (NOT REQUIRED FOR MOTOR VEHICLE SALES ON STREET):

STREET ADDRESS	DAYS OF WEEK AT LOCATION	TIMES AT LOCATION	PERMISSION OBTAINED?
12. Insurance Carrier and Policy # (STREET AND SIDEWALK SALES ONLY): _____
13. Health Department & Wisconsin Seller's Permit #'s (IF APPLICABLE): _____

READ CAREFULLY BEFORE SIGNING. Under penalty provided by law, applicant has truthfully answered the above questions to the best of the applicant's knowledge. Any inaccurate or untruthful answer may be grounds for prosecution and invalidates the permit. Applicant understands that any activity engaged in is limited to the representations made on this application and by the provisions of Sections 6.201 through 6.212, Green Bay Municipal Code.

(SIGNATURE OF APPLICANT)

DATE

PART B – FOR CITY USE ONLY

- Date Received and Filed: _____ Valid Dates for 30-Day License: _____
- Certificate of Insurance Approved by: _____
- Police Department Action: Approved; Denied; made by: _____
- Council Action for Sidewalk Sales: Approved; Denied Date of Council Action: _____

FORM GB-6.202 (3-14-2019)