



CITY OF RIVER FALLS
DIRECT SELLERS LICENSE APPLICATION

Per State Statute 77.61 (11) State Sellers Permit Required

Fee: \$20.00/Month or \$200.00/Year
Plus \$25.00 Investigation Fee
\$12.00 Investigation Fee for add'l
(Please allow two weeks to process)

State Tax # \_\_\_\_\_ FEIN \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_
First Middle Last

Permanent Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Temporary Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

NAME OF FIRM, ASSOCIATION, CORPORATION OR COMPANY YOU REPRESENT:

\_\_\_\_\_

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

Nature of Business To Be Conducted: \_\_\_\_\_

Type of Goods or Services To Be Offered: \_\_\_\_\_

How Goods Are To Be Delivered: \_\_\_\_\_

Vehicle To Be Used By Applicant: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ License Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

LAST THREE CITIES, VILLAGES OR TOWNS YOU CONDUCTED SIMILAR BUSINESS:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Address Where Applicant Can Be Contacted For At Least Seven Days After Leaving the City:

\_\_\_\_\_ Primary Phone: \_\_\_\_\_

(Complete information on back of page before signing)

Any person who fails to provide complete, accurate or truthful information on any license application shall be cause for denial of such license. Reapplication shall not be allowed unless a minimum of 90 days has elapsed since the date of the previous application.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use: Customer# Bill # Payor:

# City of River Falls River Falls Police Department

## Authorization for Release of Information (For official use only)

I hereby empower an employee of the River Falls Police Department or other authorized representative bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all the following sources:

- (1) Village, Township, Municipal, County, State or Federal law enforcement or government agencies, Wisconsin Department of Justice and Department of Transportation
- (2) Selective Service System
- (3) Any banking institution
- (4) Any place of business (for purposes of obtaining credit or employment data)
- (5) Credit rating bureaus or institutions maintaining individual credit rating files
- (6) Any previous employer or present employer, including employment history, discipline, personnel action, evaluations, training, etc.
- (7) Any school, college, university or other education institution
- (8) Any person, organization or agency the department chooses to contact or interview that may provide relevant background information
- (9) Other: \_\_\_\_\_

This information is to be used to assist the River Falls Police Department, Police and Fire Commission, and the City of River Falls in determining my qualifications and fitness for the position and/or license I am seeking with the City of River Falls, River Falls Police Department and/or for investigation purposes. Please provide to the River Falls Police Department any information falling within the classes listed above, including any information which may be considered confidential or privileged and permit the River Falls Police Department to examine and copy that information if it so desires.

I hereby release any law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to this blanket authorization: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_

Driver's License Number and State of Issuance \_\_\_\_\_

Expiration date of Driver's License \_\_\_\_\_

Full Name (signature) \_\_\_\_\_ Date \_\_\_\_\_

**\*Please include a copy of your driver's license\***