

VILLAGE OF SIREN
DIRECT SELLERS PERMIT APPLICATION

APPLICANT (Person, Firm, Association or Corporation represented)

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Nature & date of business to be conducted: _____

Vehicle to be used by Applicant: _____

Make: _____ Model: _____ License #: _____

List below the last three (3) Cities, Villages or Towns where the applicant has conducted similar business:

1. _____ 2. _____ 3. _____

Address and phone where applicant can be contacted for at least seven (7) days after leaving the Village of Siren: _____

(If different from above address/phone number)

Has the applicant ever been convicted of any crime or ordinance violation related to the transient merchant business within the last five (5) years? _____ YES _____ NO

If YES, list the nature of the offense and place of conviction: _____

(use back of form for further information if necessary)

The above information is true and correct to the best of my knowledge and belief.

(Applicant Signature)

(Date)

Registration Fee of \$25.00 per day to be paid with submission of application.

Siren Village President

Siren Village Clerk/Treasurer

Checked by Siren Police Chief: _____