

DIRECT SELLER REGISTRATION FORM

(Please Print) All Questions Must Be Answered

(1) NAME _____

ADDRESS _____

PHONE _____ AGE _____ HEIGHT _____ WEIGHT _____

COLOR OF HAIR _____ COLOR OF EYES _____

(2) FIRM REPRESENTED - NAME _____ PHONE _____

- ADDRESS _____

ADDRESS FROM WHICH BUSINESS WILL BE CONDUCTED:

PHONE: _____

(3) NATURE OF BUSINESS TO BE CONDUCTED AND A BRIEF DESCRIPTION OF GOODS OFFERED AND SERVICES OFFERED:

(4) PROPOSED METHOD OF DELIVERY OF GOODS, IF APPLICABLE: _____

(5) MAKE, MODEL AND LICENSE NUMBER OF ANY VEHICLE TO BE USED BY APPLICANT IN THE CONDUCT OF HIS/HER BUSINESS:

(6) LAST THREE CITIES, TOWNS, VILLAGES WHERE APPLICANT CONDUCTED SIMILAR BUSINESS: (1) _____

(2) _____ (3) _____

(7) ADDRESS WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST SEVEN DAYS AFTER LEAVING THIS TOWN

(8) HAS THE APPLICANT BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO APPLICANTS TRANSIENT MERCHANT BUSINESS WITHIN THE LAST 6 YEARS? _____

IF YES, THE NATURE OF THE OFFENSE AND PLACE OF CONVICTION _____

(9) DRIVERS LICENSE NO. _____

(10) IS A STATE CERTIFICATE OF EXAMINATION AND APPROVAL FROM THE DEALER OF WEIGHTS AND MEASURES REQUIRED

YES NO IF YES, PLEASE PRESENT TO TOWN CLERK FOR EXAMINATION.

(11) WILL FOOD OR CLOTHING BE HANDLED? YES NO

IF YES, PLEASE PRESENT STATE HEALTH OFFICERS CERTIFICATE TO TOWN CLERK FOR EXAMINATION.

(Note: Must be dated not more than 30 days prior to date application is made)

REGISTRATION FEE \$5.00 SHALL ACCOMPANY REGISTRATION FORM.

SIGNED: _____

DATE: _____

IN THE EVENT I CANNOT BE SERVED, AFTER REASONABLE EFFORT I HEREBY APPOINT THE CLERK OF THE TOWN OF GIBRALTAR OR HIS/HER AGENT TO ACCEPT SERVICE OF PROCESS IN ANY CIVIL ACTION BROUGHT AGAINST ME ARISING OUT OF ANY SALE OR SERVICE PERFORMED BY ME IN CONNECTION WITH MY DIRECT SELLER ACTIVITIES.

SIGNED: _____

DATE: _____