

**City of Eagle River**  
**Application for Direct Sales Permit**

**Completed applications must be turned in at least 3 weeks prior to the event date for processing purposes!**

**Fee Schedule:** 1 Week \$50.00  1 Month \$75.00  6 Months \$150.00  1 Year \$250.00   
Promoter Fee per Event \$250.00  (when applicable)

**EMPLOYERS NAME:** \_\_\_\_\_  
*First* *M.I.* *Last*

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Must be at least 18 years of age)*

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**SELLERS NAME (if different than employer):**

\_\_\_\_\_  
*First* *M.I.* *Last*

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*(Must be at least 18 years of age)*

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Location (*i.e., landmark or intersection*) of Event: \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Nature of business being conducted, and description of goods being offered: \_\_\_\_\_  
\_\_\_\_\_

Proposed method of delivery, if applicable: \_\_\_\_\_

Make, Model, and License Plate Number(s) of vehicle(s) used by applicant to conduct business.

Vehicle #1 \_\_\_\_\_

Vehicle #2 \_\_\_\_\_

Vehicle #3 \_\_\_\_\_

**Please note: If displaying goods on private property, an authorization from the owner is required, and needs to be attached to this application.**

\_\_\_\_\_  
*Signature of Employer or Applicant* *Date*

**Registration Requirements:**

**Attach a photocopy of driver's license or valid identification.**

Attach a photocopy of a state certificate of examination and approval from the sealer of weights and measure if applicable.

Attach a photocopy of a state health certificate dated not more than 90 days prior to the date of application where business involves handling of food or clothing if applicable.

List other Cities, Villages, or Towns, not to exceed three (3), where permission was allowed to conduct a similar business:

\_\_\_\_\_  
\_\_\_\_\_

Statement as to whether the applicant has been convicted of any crime or ordinance violation related to applicants transient merchant business with in the last five (5) years: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature constitutes a consent for the City Police Department to run a criminal background check on the applicant.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*



**For Office Use:**

Results of the investigation by the Police Department: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of the Chief of Police*

\_\_\_\_\_  
*Date*

Application Approved: \_\_\_\_\_ Application Denied: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Approval and fee set by the City Council tendered at time of application: \_\_\_\_\_

The issuing of a permit shall take place by the clerk upon payment from the applicant.

\_\_\_\_\_  
*Signature of City Clerk*

\_\_\_\_\_  
*Date*

**For Office Use ONLY:**

Application Rec'd: \_\_\_\_\_ Permit Fee Paid: \_\_\_\_\_ Authorization Letter Rec'd: \_\_\_\_\_  
Date Given to PD: \_\_\_\_\_ Date Returned from PD: \_\_\_\_\_  
Permit # Assigned: \_\_\_\_\_ Permit Mailed: \_\_\_\_\_ Expiration Date: \_\_\_\_\_