



Town of Ixonia

W1195 Marietta Ave. • P.O. Box 109
Ixonia, Wisconsin 53036
Phone: (920) 261-1588 • Fax: (920) 261-8988

DIRECT SELLERS APPLICATION

Operator Information:

Name: _____
Permanent Address: _____

Telephone Number: _____
Email Address: _____

Seller Information:

Legal Name: _____
Business Name: _____
Temporary Address: _____
City, State, & Zip Code: _____
Business Telephone: _____
Wisconsin Tax Account Number: _____
Social Security Number: _____
Federal Identification Number: _____
Check type of activity you intend to engage in:
_____ Selling Taxable Merchandise
_____ Selling Exempt Merchandise
_____ Direct Sellers, Company Name _____

Applicant statement as to whether applicant had been convicted of any crime or ordinance violation related to applicant's transient merchant business within the last 5 years; the nature of the offense and the place of conviction: _____

Description of the Type of Business including what will be sold: _____

Location of Sale: _____
Hours of Operation: _____

Copy of state health officer's certificate when handling food.
Fee: \$10.00 payable to the Town of Ixonia