

# CITY OF BLOOMER

## DIRECT SELLERS PERMIT

PERMIT EFFECTIVE: April 1, 20      thru November 30, 20

Name: (First, MI, Last:) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Location of Sale: \_\_\_\_\_

Type of Product: \_\_\_\_\_

Have you been convicted of any crime or ordinance violation related to sellers permits within the past 5 years? Is so, please list the offense and location of violation:

\_\_\_\_\_

Names of any other individuals working at your stand:

\_\_\_\_\_

\_\_\_\_\_

Picture ID attached to the application. Yes ☐ No ☐

FEE: \$25      Date Paid: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

City Hall Approval: \_\_\_\_\_