



CITY OF LODI

DIRECT SELLER APPLICATION-PERMIT REGISTRATION

First, Middle & Last Name: _____

Address: _____ Email: _____

Company Phone No: _____ Personal Phone No: _____

Driver's License No: _____ Social Security No: _____

DOB: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Name of Company: _____

Address of Company: _____

Name of Owner of Company: _____

Nature of Business / Description of Goods or Services: _____

Method of Deliver of Goods or Services: _____

License Number(s) of Vehicle(s) Used: _____

Make and Model of Vehicle: _____ Color: _____

List the last three towns, cities where applicant conducted similar business:

- 1. _____ Dates: _____
- 2. _____ Dates: _____
- 3. _____ Dates: _____

Where the applicant be contacted 7 days after leaving Lodi: _____

Have you (applicant) been convicted of any crime or ordinance violation relating to your transient merchant business within the last five years? If yes, indicate nature and place: _____

I agree to allow five (5) business days for the investigation of this application prior to picking up the completed permit from the City. This certifies that I hereby appoint the City Clerk of Lodi my 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 the direct sales activities, in the event I cannot, after reasonable effort, be serviced personally.

This permit is valid within the City of Lodi for a **period of one year commencing:** _____

Signature: _____ **Date:** _____

OFFICE USE ONLY	
Fee (\$50) paid on:	Collected by:
CH checked:	Health Certificate:
PD Investigation:	