

Name (printed)

Age Height Weight Color Hair Color Eyes

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Vehicle used, if any License #

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Permanent Home Address

Where can we contact you the week after you have worked in Wind Point?

Temporary Address, if any

Permanent address?

Temporary address?

Nature of the business and goods/services to be sold:

Other address?

Name/Address of Employer or Firm whose goods are being sold:

Phone # of Employer/Firm

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Length of time to do business requested

From:

To:

Proposed method of delivery of goods, if applicable:

Have you been convicted of any crime, any misdemeanor, or any municipal ordinance, other than a traffic violation(s)?

No

Yes

If Yes, please describe crime(s), date, place on reverse side

Names of three (3) cities, villages or towns where you have been issued permits/done business:

Municipal Name

Date(s)

By signing this document, I affirm that all that I have recorded herein is the whole truth or I forfeit my right to registration or license; that the Village may perform a background check on me and the entity I represent; and that I will respect and follow the regulations required by the Village of Wind Point.

Name

Date

At time of filing, a registration fee of \$20.00 per day per person or \$50.00 per 30 days per person shall be paid.

A driver's license or equivalent must be provided as may other documents to perform background check.

OFFICE USE ONLY	Background check		
	Fee paid		Rcpt #