



## Direct Seller License Information

ccl-dsel 6/20/16

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

### Who needs a Direct Seller License?

Any person who sells goods or takes sales orders for the later delivery of goods on any public way or other public premises, and includes peddlers or solicitors.

### Exemptions

- Transient merchants engaging in the business of purchasing or selling merchandise at any fixed place in the city temporarily who do not intend to become and do not become permanent merchants.
- Permanent merchants conducting temporary sidewalk cafés.
- Food peddlers regulated under Ch. 74
- Any person reselling tickets to entertainment or sporting events at or below face value.
- Any person engaged in the activity of “busking”

See Milwaukee Code of Ordinances 95-2 for a complete list of exemptions.

### Eligibility

Must be 18 at the time of application

### Fee

\$129

### Fee Exemption

The license fee will be waived for any veteran of the armed forces in the U.S. in any way who has a 25% disability or more, has a cardiac disability recognized by the U.S. veterans administration, and any person disabled to the extent of the loss of one arm or one leg or more, or who has been declared blind as defined under Title 16 of the Social Security Act.

Proof of such disability must be presented to the City Clerk License Division.

### License Period

License expires 1 year from date of issuance.  
License must be issued within 1 year of approval, or a waiver from the Licenses Committee is needed.

### Forms Needed

- Individual Application (ccl-iapp)
- Supplemental Application for Direct Seller’s License (ccl-dsel1)

### Certificate of Insurance Required

Anyone selling from a stationary (nonmoving) structure such as a table must have in force at all times general liability insurance.

A Certificate of General Liability Insurance with the City of Milwaukee named as an additional insured is required. Coverage must be, at a minimum, a combined single limit of \$100,000 per occurrence. The certificate must provide 30 days written notice to the City upon cancellation or nonrenewal or material change in the policy.

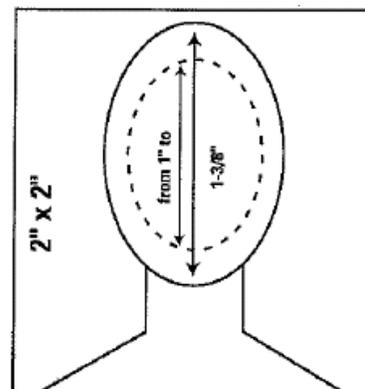
Your Direct Sellers License will not be issued until a valid Certificate of Insurance meeting the requirements stated above is on file in the City Clerk License Division office.

#### EXCEPTION:

Direct sellers selling goods from a vehicle do not need to provide proof of insurance.

### Photograph

Submit one recent passport size photograph with application: see figure below.



## Wisconsin Seller's Permit

All applicants must provide proof they hold a Wisconsin Seller's Permit before the license will be issued. This is obtained from:

Wisconsin Department of Revenue  
819 N. 6th St, Room 408  
(414)227-4000

[www.revenue.wi.gov/faqs/pcs/seller.html](http://www.revenue.wi.gov/faqs/pcs/seller.html)

If you will be using your employer's Wisconsin Seller's Permit, the "Permission for Direct Seller to Use Seller's Permit" form must be submitted to our office before your license can be issued. The form must include the notarized signature of your employer.

The form can be obtained on our website [www.milwaukee.gov/license](http://www.milwaukee.gov/license) under "License Forms and Related Information" or by contacting our office.

## Denial/Revocation

If the Common council denies a license due to a police record, no applicant can reapply within 12 months of the date of denial.

## Sales on Public Right of Way/Special Events

It shall be unlawful for any person to sell, or offer to sell, any goods, merchandise, foodstuffs, tickets, or any other article of any kind on any public street or public sidewalk within 500 feet of the right of way for special events.

No direct seller is permitted to sell or offer for sale any item while on a roadway, median or safety island, unless the roadway has been legally closed to traffic for a parade, festival, or other civic/special event.

## Regulations

- Milwaukee Code of Ordinances Chapter 95-1, 105-56, 115-45
- Available at [www.milwaukee.gov/ordinances](http://www.milwaukee.gov/ordinances)



# DIRECT SELLER SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
 200 E. Wells St. Room 105, Milwaukee, WI 53202  
 (414) 286-2238 www.milwaukee.gov/license e-mail: [license@milwaukee.gov](mailto:license@milwaukee.gov)

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Print Name: \_\_\_\_\_

Age: _____	Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____
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Are you a 25% disabled veteran?  No  Yes (If yes, written proof must be provided to waive fee)

**BUSINESS OPERATIONS INFORMATION**

Wisconsin State Seller's Permit Number: \_\_\_\_\_

Provide a brief description of:

- goods being sold: \_\_\_\_\_
- nature of business to be conducted: \_\_\_\_\_
- any services offered: \_\_\_\_\_

Method of delivery of goods:  obtained at time of purchase  by mail  
 later delivery of goods  Other: \_\_\_\_\_

Name and address of any person, firm or organization you represent: \_\_\_\_\_

Check all that will be used:	Provide Size and Description:	Submit with Application*:
<input type="checkbox"/> Stand/Booth/Kiosk		Certificate of Insurance
<input type="checkbox"/> Table		Certificate of Insurance
<input type="checkbox"/> Other stationery structure		Certificate of Insurance
<input type="checkbox"/> Pushcart		
<input type="checkbox"/> Container		
<input type="checkbox"/> Vehicle	Year: _____ Model: _____	Make: _____ License Plate#: _____
<input type="checkbox"/> None of the above		

\*See information sheet for additional requirements

**OUT OF STATE RESIDENTS ONLY**

Local Address (include city, state, zip code): _____	Phone # _____
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Name the last three cities in which you have conducted business:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_

Where can you be reached within 7 days of leaving Milwaukee: \_\_\_\_\_

I am appointing the City Clerk as 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 my direct sales activities.

I indemnify and hold harmless the City, its employees and agents against any and all claims, demands, costs, damages, expenses or liability of any kind incurred because of any damages or injuries resulting from the activities for which the license is granted.

Signature: \_\_\_\_\_



**DIRECT SELLER**

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**CERTIFICATE OF INSURANCE**

Insurance Company Name: \_\_\_\_\_

Insurance Company Address (including city, state, zip): \_\_\_\_\_

Insurance Company's State of WI License # \_\_\_\_\_ (optional)

**ISSUED TO THE CITY OF MILWAUKEE, 200 E. Wells Street, Rm. 105, Milwaukee, WI 53202**

The company hereby certifies that it has issued to: \_\_\_\_\_

General Liability Policy No. \_\_\_\_\_ Effective \_\_\_\_\_ and

Expiring \_\_\_\_\_ providing for a combined single limit of \$100,000 per occurrence.

Said policy provides that notwithstanding any other provision therein, 30 days written notice of cancellation, material change, expiration, or intent not to renew will be given to the City Clerk of the City of Milwaukee; otherwise such insurance as is afforded thereunder shall remain in full force and effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signed \_\_\_\_\_

Agent of Insurance Company