

*Louis J. Rosandich*  
*Sheriff of Clark County*

*517 Court Street, Room 308*  
*Neillsville, WI 54456-1902*

*1-800-743-2420*

*715-743-5278*

*(888) TIP-CLSO-Confidential Tip Line*

*715-743-4350 - FAX*



Dear Clark County Soliciting Applicant:

The following are the soliciting procedures in Clark County. Enclosed with this letter is a "Clark County Soliciting Ordinance Permit" application form that needs to be completed for every person selling memberships in Clark County for your company. Please return your completed form(s), along with a \$5 check, made payable to the Clark County Sheriff's Department, for each person applying, to:

Clark County Sheriff's Department  
Attention: Administrative Assistant  
517 Court Street, Room 308  
Neillsville, WI 54456

Once the department runs all the necessary backgrounds checks, you will receive a letter stating if a permit has been granted for the applicant(s), along with a copy of the permit, if applicable.

If you have any questions, please give me a call at 715-743-5278.

Thank you!

Sincerely,

Emile J. Miller  
Clark County Sheriff's Department  
Administrative Assistant

Enclosure: Permit application form

Applicant Name		Last	First	Middle	Date of Birth	
SSN		ID# / DL#/State				
Home Address	Number	Street	City	State	Zip	Home Phone
Previous Address	Number	Street	City	State	Zip	Length there

Company Represented / Employer	
Company Address	Company Telephone Number
Applicant's Supervisor	Supervisors Phone number

Length of service to with employer	Length of service to previous employer
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Local Address	Number	Street	City	State	Zip	Local Phone
Vehicle	Year	Make	Model	Color	License	State

Product \_\_\_\_\_

Delivery Method \_\_\_\_\_

Approximate Time between Purchase/Delivery \_\_\_\_\_

Describe Sales Method Used \_\_\_\_\_

\_\_\_\_\_

Length of Time Sales Will be made in Clark County \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Permit issued /Authorized by

\_\_\_\_\_ Date

\*\*\*\*\* Clark County Solicitors Permit Valid for one year from Issue date\*\*\*\*\*