

Township Office Use Only:

LICENSE/PERMIT NUMBER: _____ **EXPIRATION DATE:** _____

RENEWAL DATE: _____ **EXPIRES:** _____ **ISSUED BY:** _____

INVESTIGATED BY: _____

APPROVED BY: _____

Grosse Ile Township
Peddler Permit/License Application

Ordinance #185-11 through #185-23

Definition: Any person who goes about from place to place, traveling by foot, wagon, automobile, or other type of conveyance, selling or offering for sale (or soliciting orders for the sale of) any goods, wares or merchandise, or reading materials, or any other commercial product, and said definition includes what are commonly known as hawkers, hucksters, itinerant merchants, or transient vendors of merchandise.

Today's Date: _____

Full Name of Applicant: _____

Date of Birth: _____ **Social Security #** _____

Driver License/State ID #: _____ **State** _____ **Expires** _____

Home Telephone: (____) _____ **Cell Phone:** (____) _____

Permanent Address: _____

Temporary Address: _____

Business Name & Address: _____

Business Phone: (____) _____ **Email Address:** _____

Description of Business & Goods: _____

State Sales Tax Number: _____ **Expiration Date:** _____

Health Dept. Permit Information: _____

Term of License/Permit Requested: Start _____ End Date _____

Vehicle Description: _____ (Make, Model & Color)

Vehicle License Plate Number: _____ **State of Issue** _____

Peddler Permit/License Application (Page 2 of 2)

Full Name of Applicant: _____

I hereby certify that I have never been convicted of any crime or misdemeanor, or violated any State Law or Township Ordinance.

I realize that any false information supplied on this form or misrepresentation of solicitation purpose will automatically invalidate this permit.

In support of this application, I submit the facts and information contained herein, which are made part of this application, and are to the best of my knowledge, true and accurate.

I hereby depose and say that all of the above statements and the information contained in all the exhibits transmitted herewith are true.

APPLICANT'S SIGNATURE _____

Subscribed and sworn to before me on this _____ day of _____, 20_____

Witnessed and notarized by _____
Printed Name

Signature

Notary Public, _____ County, Michigan

Affix Notary Stamp/Seal Below:

Including Commission Expiration Date and County of Notary Action

For Township Office Use Only

Document Checklist: *To be attached and maintained with this application*

- _____ **Copy of Driver License/Identification Card**
- _____ **Copy of Sales Tax License**
- _____ **Copy of Health Dept. Approval (if required)**
- _____ **Receipt for payment of local fees**
- _____ **Copy of Local Permit Certificate**

Additional notes or comments: