



**BUSINESS/ORGANIZATION APPLICATION
SOLICITORS LICENSE AND TRANSIENT MERCHANT**

Non-refundable Application Fee: \$100.00
Individual License Fees: \$30.00 per week per person \$80.00 per month per person

READ THE INSTRUCTIONS THOROUGHLY.

- ANSWER ALL APPLICATION QUESTIONS COMPLETELY. (Failure to do so may result in rejection of your application and you will not be considered for a license until the application is made complete).
- PLEASE PRINT LEGIBLY; ANSWERS NOT LEGIBLE COULD BE INTERPRETED AS BLANK.
- REPRESENTATIVE COMPLETING THIS FORM AND ALL INDIVIDUALS SOLICITING UNDER THIS LICENSE MUST COMPLETE AN INDIVIDUAL INFORMATION SHEET.

BUSINESS/ORGANIZATION NAME: _____

BUSINESS/ORGANIZATION ADDRESS: _____
Address

_____ *City* *State* *Zip*

Prior address used for the previous three (3) years, if different from the address listed above.

_____ *Address* *City* *State* *Zip*

_____ *Address* *City* *State* *Zip*

_____ *Address* *City* *State* *Zip*

BUSINESS/ORGANIZATION REPRESENTATIVE (Person completing this application)

FULL LEGAL NAME: _____
First *Middle* *Last*

BUSINESS/OFFICE : (____) _____ FAX: (____) _____ CELL: (____) _____

Registered agent/Doing Business As (dba name and address) designated in Michigan for service of legal process:

_____ *Name* *Address* *City* *Zip*

Address of nearest local or district office: _____

Contact name and number: _____ (____) _____

Length of time for which license is requested and the expected days and hours of operation: _____

Brief description of nature of business represented and goods or services to be sold, and, in the case of handicrafts or products of farm or orchard, whether produced or grown by the applicant*: _____

(*If food is to be sold, verification of approval from the Washtenaw County Health Department to be submitted with the application when applicable)

If occupying a premise for temporary period, address must be provided here of said location in which you will be occupying and if a lot, room, building, or structure is used, or if a cart, stand, booth, or other structure or fixture is to be placed on the property of another, ***evidence that you have the written consent*** of the legal owner of the property must be attached to this application: Property address: _____

Street number

Street name

Has this Business ever had any peddler or other occupational licenses from this City or any other state or municipal authority revoked, suspended, or denied within three years immediately prior to the date of this application? YES _____

NO _____

IF YES, give the nature of any revocation or citation: _____

THESE ITEMS ARE REQUIRED TO BE ATTACHED TO THE APPLICATION AT THE TIME WHEN THE APPLICATION IS FILED WITH THE CITY CLERK'S OFFICE:

- Individual Applicant Information Sheet for ***EACH*** person soliciting.
- Copy of Michigan Sales Tax License.
- Copy of current Driver's License or Government issued Identification for EACH individual soliciting.
- Copy of exemption certificate for the goods or services sold (*if required*)
- Written consent of the legal owner of the property showing approval for this use of the property (*if required*).
- Site plan/sketch indicating the lay-out of where the proposed activity will take place on the property if a fixed area is being requested. Please note applicable property lines and locations of the street and the public right(s)-of-way. If using a parking lot, indicate where in parking lot, any tent sizes, and number of parking spaces that will be used for the tent(s).
- ICHAT printout criminal history results report for each individual, report must be less than 30 days old. Instructions for obtaining ICHAT criminal history report: go to: www.michigan.gov/msp then on the bottom of the page click the box for ICHAT- *Criminal History Records* and follow the instructions.
- Washtenaw County Health Department License, if applicable.

NOTE: Door-to-Door Residential Soliciting is restricted to Monday-Saturday, 10:00 a.m. – 6:00 p.m. NO door-to-door soliciting on Sundays or legal holidays.

STOP! Below Agreement/Understanding to be signed in presence of Notary

APPLICANT'S AGREEMENT AND UNDERSTANDING

I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS LISTED SHOULD I BE ISSUED A SOLICITOR'S LICENSE. I FURTHER ATTEST THAT ALL INFORMATION PROVIDED ON THE APPLICATION IS TRUE AND ACCURATE ACCORDING TO THE BEST OF MY ABILITY AND ALL ANSWERS ARE MADE IN GOOD FAITH. I FURTHER AGREE TO ABIDE BY ALL REGULATIONS ESTABLISHED BY CITY ORDINANCE FOR SOLICITING IN THE CITY OF SALINE.

Signature _____ Date _____

On this the _____ day of _____, 20____, before me, _____
Name of Notary Public

the undersigned Notary Public, personally appeared _____
Printed name of signer

- Personally known to me **OR**
- Proved to me on the basis of satisfactory evidence

Drivers License or State Identification number: _____

State Issued: _____ Date Expires: _____

To be the person whose name is subscribed to the within instrument, and acknowledged that they executed it in my presence.

WITNESS my hand and official seal. _____
Signature of Notary Public

My Commission expires on _____ 20____

TO BE COMPLETED BY CLERK'S OFFICE STAFF AFTER APPLICANT ATTESTS TO THE ABOVE STATEMENT AND SIGNS THE APPLICATION		
Date Application Received: _____	Clerk Receiving Application _____	
\$100 Non-Refundable Application Fee Paid by: Check # _____ Cash _____		
Date Sent to Police Department _____	Date Received Back _____	
Date Permit Issued _____	Permit # _____	Expires _____