Office use only: Application #:	Date:			
30 Y	<b>OR CHARTER TOWNSHIP</b> 040 North Prospect (psilanti, MI 48198 phone: 734-482-6099			
PEDDLER'S/SOLICITOR'S LICENSE APPLICATION (This form must be typewritten or neatly printed) <u>ALL ITEMS MUST BE ANSWERED</u>				
Non-Refundable Fee at Time of Applicaton: Fee Upon Issuance of License:	\$25.00 \$20.00			
Request is hereby made for a peddler's/soli	citor's license:			
APPLICANT'S NAME:				
ADDRESS:	CITY	ZIP CODE		
TELEPHONE (DAY)	(NIGHT)			
CELL PHONE	E-MAIL			
DRIVER'S LICENSE (OR MI. ID) NUMBER				
DATE OF BIRTHHEIGHT	WEIGHT_			
HAIR COLOR	EYE COLOR			
TYPE OF BUSINESS				
<ol> <li>Provide detailed description of the propo information such as activities involved, mate methods of operation, area of Township inv</li> <li>Are you working as (check on):Ir If working as a company representative, pro of the company:</li> </ol>	erials and equipment used o volved, etc. <u>ATTACH YOUR D</u> ndependentCom ovide name, address and pho	r sold, product or service, <b>ESCRIPTION TO THIS FORM.</b> pany Representative? one number and contact person		
<ol> <li>Are you employed in any occupation other</li> <li>If yes, provide the name, address and phone</li> </ol>		YesNo		

4. Length of time you would be conducting activities within the Township:

5: Full description	of vehicle you would be u	sing: Make		
Model	Year	Color	License Plate #	
Describe Special E	Equipment, if any:			

6. Provide the names, address and telephone numbers of two residents within the Township who will certify as to your good character. If you are unable to provide two such persons, you may provide other evidence as to good character.

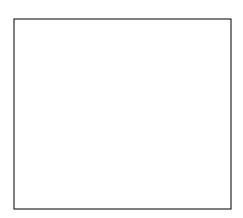
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7. Have you ever been ever been convicted of any felony, misdemeanor or violation of any municipal ordinance or have any pending charges? \_\_\_\_\_Yes \_\_\_\_\_No If "yes", please explain the date and location of the conviction or arrest, the sentence and if you are currently under any court or parole board ordered supervision.

7. A. Are you awaiting disposition as a result of any arrest for a violation of federal, state or local law or ordinance. \_\_\_\_\_Yes \_\_\_\_\_No If "yes", please explain the date and location of the conviction or arrest, the sentence and if you are currently released on bond or court orders or restrictions.

8. Attach a recent photograph of yourself,
2 inches by 2 inches, here →



9. Provide the following with your application:

- Copy of a current photo identification issued by a federal or state government agency.
- If a minor, copy of your work permit issued by the State of Michigan.
- If selling or soliciting from a motor vehicle, a copy of your Michigan driver's license, evidence of proper public liability and personal injury insurance, proof of inspection for safety equipment by the Township's designated agency and a copy of your master driving record obtained from the Michigan Secretary of State.

## APPLICANT'S DEPOSITION:

I hereby depose and certify that the information I have provided is complete and accurate. I understand that this application will be referred to the Washtenaw County Sheriff's Department for their review and comment and that any information I provide with this application is subject to release under the Freedom of Information Act as revised.

Applicant's Signature	Date			
Received by	Title			
Date Received	Application Fee Received \$			
Copy of Application Forwarded to Sheriff Department (date)				
Disposition: DeniedApproved	Effective Date			
License Fee Received \$				
Remarks				