APPLICATION FOR PEDDLER'S PERMIT

AGENDA ITEM _____

ALL LICENSES SHALL EXPIRE ON THE 31ST OF DECEMBER IN THE YEAR WHEN ISSUED
(PER ORDINANCE No. 115-2)

Applicant Name: _____

Address: Home: _____ Business: _____

_____ *(if different)* _____

Phone #: Home: _____ Work: _____

Has applicant been convicted of any crime, felony or misdemeanor? ☐ Yes ☐ No

If so, describe nature of offense, where it occurred & punishment/penalty: _____

_____

Nature of Business: _____

Items sold: _____

Are the items produced or grown by applicant?
☐ Yes ☐ No

If employed, please list employer: *(Letter from employer verifying information must accompany application)*

Name: _____ Supervisor: _____

Address: _____ Applicant's Position: _____

_____ Phone #: _____

If vehicle is to be used: Name on vehicle: _____ Plate #: _____

Describe vehicle: _____ VIN: _____

REFERENCES: Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Phone #: _____ Phone #: _____

The following must be submitted with application:

- $250 Application fee
- A photograph taken within the last sixty (60) days
- A copy of the applicant's Michigan State Police Criminal History record (ICHAT) obtained from www.mi.gov/ichat *($10 fee assessed by website)*
- A statement from the Board of Health or licensed physician, confirming that applicant is free from infectious, contagious, or communicable diseases, including Tuberculosis *(for food vendors only)*

I certify that I will be the individual who will operate the vehicle following approved inspection by the Brownstown Police Department. (Permits are not transferable to other vehicles and/or drivers without approval of the Clerk's Office. NO EXCEPTIONS.)

I further certify that all of the above statements are true and correct and understand that any misrepresentation can, in itself, be grounds for denial of application or revocation of the permit, if granted.

I also understand and agree that this application will be submitted to the Brownstown Police Department for a background investigation.

_____ _____
APPLICANT SIGNATURE DATE

FOR OFFICE USE ONLY:

☐ Recent Photo
☐ Criminal History Record
☐ Health Statement *(food only)*

☐ Copy of Driver's License
☐ Application Fee
☐ Cash $250 ____ *(Clerk's initials)*
☐ Check # _____

☐ PD background inspection
☐ Meeting of: _____
☐ Approved
☐ Denied

☐ PD vehicle inspection
☐ Letter Done/Mailed
☐ Permit issued

rev. 4/14