



10531 ALGOMA AVE NE, ROCKFORD, MI 49341-7108
PHONE 616.866.1583
www.algotwp.org

LICENSE APPLICATION FOR SOLICITOR, PEDDLER, AND TRANSIENT MERCHANT

**In accordance with Chapter 19 - Peddlers, Solicitors and Transient Merchants,
of the Township of Algoma Code of Township Ordinances,
the undersigned herewith makes application for a license as a:**

- PEDDLER** – any person traveling either by foot or by vehicle from place to place, carrying goods, wares or merchandise, and offering the same for sale, or making sales and delivering articles to purchasers, or offering to provide services, either immediately or in the future. The term “peddler” shall include “hawker” and “huckster”.
- SOLICITOR** – any person traveling either by foot or vehicle from place to place, who solicits, asks for donations of money or goods; or who takes or attempts to take orders for the sale of goods, wares or merchandise for future delivery, or for services to be furnished or performed in the future. Solicitor includes any person who uses or occupies any building, structure or other place in the Township for such purposes. Solicitor also includes the driver of any vehicle used for or associated with soliciting.
- TRANSIENT MERCHANT** – any person who engages in the temporary business of the retail sale and delivery of goods, wares or merchandise within the township, and who, for the purpose of conducting such business, uses or occupies any lot, premises, building, room or structure, provided however that such definition shall not include merchants having regularly established places of business within the township, and shall not apply to persons making sales at any annual fair, street fair, festival, annual celebration or observance.

PLEASE PRINT CLEARLY

1. APPLICANT'S NAME & ADDRESS INFORMATION:

Applicant's Name: _____ Local Phone #: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Immediate Supervisor: _____ Phone #: (____) _____

****ATTACH RECENT PHOTO OF APPLICANT CLEARLY SHOWING HEAD & SHOULDERS****

****MAY USE DRIVERS LICENSE****

2. BUSINESS INFORMATION (Employer):

Name of Business: _____

Address of Business: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Federal Tax ID # _____

Nature of business: _____

Goods or services to be offered: _____

Place where the goods are manufactured: _____

Location of goods or property at the time this application is filed: _____

Proposed method of delivery of goods, property, or service: _____

Location where sales will be conducted (e.g., specific to the routes and locations identified by streets and cross-streets) Attach additional pages/maps as necessary: _____

If application is for a **Transient Merchant** list address of the place at which the sales are to be conducted:

Name of business or building (if any) _____

Address: _____ City: _____ State: _____ Zip: _____

3. DATES OF SALES:

Dates sales will be conducted (no peddler, solicitor or transient merchant shall call at any dwelling or residence except between the hours of **9:00 a.m. and 7:00 p.m.** on **Monday through Saturday** without an appointment):

BEGINNING DATE: _____ ENDING DATE: _____

DAYS OF THE WEEK: _____ HOURS: _____

*****NO SOLICITING or SALES ARE PERMITTED ON SUNDAYS *****
Permit is good for up to six (6) months only

4. LIST OF WORKERS (include all employees, agents or independent contractors who shall be operating as a peddler, solicitor or transient merchant):

(Photo copy and attach additional pages as necessary)

****ATTACH RECENT PHOTO OF EACH PERSON CLEARLY SHOWING HEAD & SHOULDERS****
****MAY USE DRIVERS LICENSE****

Name: _____ Local Phone # : (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Name of Immediate Supervisor: _____ Phone #: (____) _____

Name: _____ Local Phone # : (____) _____

Address: _____ City: _____ State: ____ Zip: _____

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Address: _____ City: _____ State: ____ Zip: _____

Name of Immediate Supervisor: _____ Phone #: (____) _____

Name: _____ Local Phone # : (____) _____

Address: _____ City: _____ State: ____ Zip: _____

Name of Immediate Supervisor: _____ Phone #: (____) _____

5. VEHICLE INFORMATION:

****ATTACH COPY OF PROOF OF INSURANCE FOR EACH VEHICLE****

Vehicle No. 1.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 2.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 3.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 4.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 5.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 6.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 7.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 8.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

Vehicle No. 9.

MAKE _____ MODEL _____ COLOR _____ YEAR _____

LICENSE PLATE # _____ OWNER _____

6. OTHER REQUIRED INFORMATION – ATTACH COPIES:

EMPLOYER AUTHORIZATION: If the applicant is employed, and will be soliciting, peddling or selling in behalf of his or her employer, provide a letter from the employer stating authorization for the employee to carry out such activity in the employer’s behalf.

HEALTH DEPARTMENT PERMIT: If the applicant proposes to handle or sell any food or other item for human consumption, the applicant shall furnish proof of any required health permit issued by the State or County Health Department.

PROOF OF LIABILITY INSURANCE: An Acorid Certificate of Liability Insurance giving evidence of the fact that the applicant/business and any employee, agent or independent contractor acting for the applicant/business is adequately insured for public liability protection.

CRIMINAL CONVICTION STATEMENT: A verified statement as to whether the applicant or any other person who will be engaged in the requested activity has been convicted of a crime, including any felony convictions at any time and any misdemeanor convictions in the last 10 years, including the nature of the offense, the date of the conviction and the resulting punishment or penalty. If the applicant or any person engaged in the requested activity is on probation or parole as a result of the criminal conviction, that fact and the period of time of the probation or parole shall be stated. If no such conviction exists, a statement of this fact shall be provided.

HEALTH STATEMENT: A statement by a physician licensed by the State of Michigan and dated not more than 20 days prior to the date of filing of the application, certifying the soliciting or peddling applicant to be free of any contagious, infectious or communicable disease. Such statement shall also be furnished for every employee, agent or independent contractor of the applicant who will be engaged in any of the requested soliciting or peddling.

*Does not apply to food truck, ice cream truck, or other sale of food or other item for human consumption which has a current permit issued by the County Health Department.

PROPERTY CONSENT: If applying as Transient Merchant, provide a statement signed by property owner or place of business giving consent to operate or maintain your stand or vehicle on their property.

I swear or affirm that to the best of my knowledge and ability, all the information provided on or in connection with this application is true and complete and that all information requested in connection with this application has been provided. I have read, understand, and agree with the provisions of the license and agree to be bound by all of its terms and conditions.

Date

Signature of Applicant

FOR OFFICE USE ONLY

APPLICATION: APPROVED/DATE _____ DENIED/DATE _____ EXPIRATION DATE _____
 LICENSE FEE PAID/DATE _____ CHECK # _____