

TRANSIENT MERCHANT/PEDDLER & SOLICITOR PERMIT

NON-REFUNDABLE FEE: \$50.00

Transient Merchant: Mobile units including medical, library, food truck, etc. At an exact location & owner approval

Peddler: Door to Door, selling goods, food, garden, etc.

Solicitor: Political, Religious, or Charitable organizations soliciting information to the public

(Please circle Transient Merchant, Peddler, or Solicitor)

Date: _____ Fee paid: _____ cash credit card check # _____

1. Applicant information: (if not individual, list business)

Owner Information: (if different than applicant)

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____ Email _____

Phone: _____ Owner Permission granted _____

2. Names of All Individuals Soliciting:

3. Description of nature of the business and goods to be sold:

4. Description and License numbers for vehicles to be used: *Must provide proof of valid insurance and registration*

5. Date(s) and time(s) of solicitation (length of time desired)

6. Location (if this is located on private property, owner must approve)

7. Copy of Driver's License(s): yes, copy attached no

8. Have you or anyone among the group(s) ever been convicted of any crime, misdemeanor, or violation of any City Ordinance?

Yes no

If yes, explain:

I hereby swear that the preceding information is true and will be carried out as stated. I understand any violation of the conditions of the City Ordinance can result in loss of license and possible penalty as prescribed by the City Code.

I also swear that any individuals and I listed above are free of contagious, infectious, or communicable diseases that may harm the public. I also understand that the City may request a physician's statement on each individual prior to issuance of a license.

Applicant's Signature

Date

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CITY OF WHITE CLOUD

Background Check Consent and Release Waiver

Applicant's Legal Name (printed) _____

Applicant's Date of Birth _____

Applicant Driver License/State ID Number _____

I, _____, authorize and give consent for the City of White Cloud to obtain information regarding myself.

I, the undersigned, authorize this information to be obtained in connection with my application. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the City of White Cloud my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my license with the City of White Cloud.

Print Name: _____

Date: _____

Signature: _____

Transient Vendor, Peddler and Solicitor Approval

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Above **Transient Vendor** License is () Granted () Not Granted

**Permission grant shall constitute for a certification/license from the City of White Cloud.

Expiration Date: _____

White Cloud Official/City Employee Date

White Cloud Police Department Employee Date

Transient Vendor License Revoked: _____ (Date)

Reason: _____

Signature: _____ (city official)

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Above **Peddler's Permit** is () Granted () Not Granted

**Permission grant shall constitute for a certification/license from the City of White Cloud.

Expiration Date: _____

White Cloud Official/City Employee Date

White Cloud Police Department Employee Date

Peddler Permit Revoked: _____ (Date)

Reason: _____

Signature: _____ (city official)

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Above **Solicitors Certificate** is () Granted () Not Granted

**Permission grant shall constitute for a certification/license from the City of White Cloud.

Expiration Date: _____

White Cloud Official/City Employee

Date

White Cloud Police Department Employee

Date

Solicitor Certificate Revoked: _____ (Date)

Reason:

Signature: _____ (city official)

THE CITY OF

WHITE CLOUD

A TRAIL FOR EVERY SEASON

MICHIGAN