

CITY OF ALGONAC

Application for Temporary Business Merchant License

PLEASE CHECK ONE		
<input type="checkbox"/> Peddler	<input type="checkbox"/> Solicitor	<input type="checkbox"/> Transient Merchant

Name: _____

Permanent Address: _____ City/Zip: _____

Telephone: (C) _____ (H) _____ Email: _____

Height: _____ Weight: _____ Hair Color: _____ Gender: _____

Driver's License Number: _____ State of Issuance: _____

Employer's Name: _____

Employer's Full Address: _____

Employer Phone: _____ Employer Email: _____

Name of Supervisor: _____

Describe business and goods/services to be sold: _____

Description of Vehicle to be Used: _____

Vehicle License Plate: _____

Length of time for permit requested (all permits expire on 12/31) _____

Intended area of solicitation/canvassing: _____

Method of delivery: _____

I hereby certify that I have/have not been convicted of any crime, misdemeanor, or violation of any municipal ordinance. If I have been convicted, the conviction was for the following offense:_____ and I received the following punishment:_____.

Signature

Date

Proposed location/address of transient merchant:_____

This application must be presented with the following support documentation:

- 1) Credential establishing the relationship with the employer; _____
- 2) A background check of \$100 _____
 With Signed Waiver to Facilitate Investigation
- 3) An Application fee of \$100 _____
 To be received AFTER satisfactory background check

This application was made on : _____

Applicant supplied the City of Algonac with all required information and documentation as requested in the application:_____

Background Check Completed On:_____

Proper Zoning for Location of Transient Merchant (if applicable) _____