

Application for Solicitors License  
Charter Township of Commerce  
Code of Ordinance No. 1.000 Chapter 30: Article I & II

Submit the following with your completed application:

- Solicitors License Fee
- Finger Print Card
- Proof of Insurance for vehicle
- Copy of Drivers License
- 2 Photographs (2x2)

PLEASE PRINT

1. License desired:    Hawker / Peddler                       Helper

2. Name of applicant: \_\_\_\_\_

Address: (Home) \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

City                      State                      Zip

(Bus) \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eyes: \_\_\_\_\_                      Hair: \_\_\_\_\_

3. Michigan Sales Tax I.D. No. \_\_\_\_\_

Type of Goods Sold: \_\_\_\_\_

Method of Travel: \_\_\_\_\_

Hours of Operation: (From) \_\_\_\_\_ (To) \_\_\_\_\_

Length of time to do Business: \_\_\_\_\_

Goods to be sold:    In Home                       From Truck                       Other

Explain: \_\_\_\_\_

\_\_\_\_\_

Location of Sale: \_\_\_\_\_

\_\_\_\_\_

4. Name of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of employer: \_\_\_\_\_

Other Licenses (if required): \_\_\_\_\_

Other Approvals (if required): \_\_\_\_\_

Method of delivery: \_\_\_\_\_

Location of manufacturer: \_\_\_\_\_

Location of storage of goods: \_\_\_\_\_

Location of vehicle storage (if any): \_\_\_\_\_

Size of vehicle (if any): \_\_\_\_\_

Home occupation required:                      Yes                       No

Home occupation obtained:                      Yes                       No

5. List two (2) personal references (other than relatives):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

6. Have you ever been convicted of any crime, misdemeanor, or Township ordinance violation: Yes  No

If yes, explain: \_\_\_\_\_

7. Name of insurance company and type of insurance carried vehicle:

\_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Person who gives permission: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Must be able to reach applicant by phone (local): \_\_\_\_\_

(Out of state): \_\_\_\_\_

I understand that this license can be revoked by the Township Clerk for violation of the terms of Ordinance No. 17, violation of any other Township ordinance or undesirable business practices. Granting of this license does not release any obligations to obtain other licenses required by any other law or governing body.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
To be completed by Township Clerk's Department

License Fee: \$ \_\_\_\_\_

License Number: \_\_\_\_\_

Date paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

2 Photographs attached: Yes  No

Receipt No: \_\_\_\_\_

Approved  Denied

Subject to the following conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Clerk, Charter Township of Commerce

\_\_\_\_\_  
Date