

CITY OF MONTROSE
PEDDLER OR PEDDLER'S HELPER LICENSE APPLICATION

THE FOLLOWING MUST BE PROVIDED AT THE TIME OF APPLICATION:

1. Copy of Driver's License OR State Id
2. Appropriate Fees
3. Completed Application – **ALL FIELDS MUST BE COMPLETED**

Incomplete Applications Will Not Be Processed

PEDDLER APPLICANT INFORMATION

Name _____

Permanent Address _____

Temporary Address (If different from permanent address)

Phone () _____

REFERENCES

Please provide the names of 2 individuals that will certify to the good character and business responsibility of the applicant.

1. NAME _____ PHONE _____

ADDRESS _____

2. NAME _____ PHONE _____

ADDRESS _____

CRIMINAL RECORD (IF APPLICABLE – Include Misdemeanors, Traffic and Parking Violations / and Penalties or Punishment)

BUSINESS / ORGANIZATION INFORMATION

Name of Business _____

Owner _____ Phone () _____

Business Address _____

Type of Business _____

Description of Goods to be Sold _____

Vehicle – color / make _____ License Plate _____

Relationship of Applicant to the Employer _____
(Attach credentials establishing the exact relationship)

FEES:**PEDDLER**

UP TO 3 MONTHS	\$25	_____
3 TO 6 MONTHS	\$50	_____
12 MONTHS	\$100	_____

Return form, along with all of the items listed at the top of the application and appropriate fees to:
City of Montrose, 141 Parkway Dr., Montrose, MI 48457

Make checks or money orders payable to: The City of Montrose

I HEREBY STATE THAT ALL OF THE FOREGOING IS TRUE AND THAT I AM FREE OF ANY INFECTIOUS, CONTAGIOUS OR COMMUNICABLE DISEASE.

I UNDERSTAND THAT FAILURE TO PROVIDE COMPLETE INFORMATION WILL DELAY PROCESSING MY APPLICATION.

I UNDERSTAND THAT THIS IS AN APPLICATION AND THAT I CANNOT ENGAGE IN BUSINESS UNTIL I HAVE OBTAINED MY PEDDLER'S LICENSE FROM THE CITY CLERK.

I FURTHER UNDERSTAND THAT RECEIVING A PEDDLER'S PERMIT DOES NOT COVER PEDDLING AT CITY COUNCIL APPROVED SPECIAL EVENTS AND THAT I MUST SEEK APPROVAL TO PEDDLE AT THOSE EVENTS FROM THE SPONSORING ORGANIZATION.

Applicant Signature

Date**OFFICE USE ONLY**

City Manager: _____ Approved _____ Denied

Signature _____ Date _____

Reason for denial: _____

License No: _____ Issue Date: _____ Expiration Date: _____