

CITY OF HUNTINGTON WOODS, MICHIGAN

Application for: **PEDDLERS LICENSE**
(248) 581-2633 Fax: (248) 541-3402

FOR OFFICE USE ONLY

APP # _____
DATE FILED: _____
BY: _____

PLEASE TYPE OR PRINT

APPLICANT NAME: _____ PHONE: _____

APPLICANT HOME ADDRESS: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE # _____

DATE OF BIRTH: _____ SEX: M _____ F _____ HEIGHT: _____ FT _____ IN

HAIR COLOR _____ EYE COLOR _____ WEIGHT _____

NAME OF PARENT ORGANIZATION: _____

STREET ADDRESS: _____

COMPANY WEBSITE ADDRESS: _____

COMPANY TELEPHONE NUMBER: _____

FEDERAL EMPLOYER ID NUMBER OF PARENT ORGANIZATION: _____

STATE OF MICHIGAN SALES TAX LICENSE #: _____

HAS THE APPLICANT OR PARENT ORGANIZATION EVER BEEN DENIED A LICENSE FOR PEDDLING; HAD A LICENSE SUSPENDED OR REVOKED OR BEEN PROHIBITED FROM PEDDLING IN ANY COMMUNITY IN THE PAST? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

HAS THE APPLICANT OR ANY OFFICER/ PARTNER/ MEMBER/DIRECTOR OF THE PARENT ORGANIZATION BEEN CONVICTED OF A FELONY OR ANY MISDEMEANOR INVOLVING MORAL TURPITUDE? YES _____ NO: _____

IF YES, PLEASE EXPLAIN THE CRIME INCLUDING ITS LOCATION, DATE AND DISPOSITION THEREFORE: _____

START DATE OF PEDDLING: _____ END DATE: _____

LOCATION PROPOSED FOR PEDDLING: _____

HOURS OF PEDDLING: _____ (Permitted hours for peddling are 10 am to 9 pm, or sunset, whichever is earlier)

TYPES OF GOODS/MERCHANDISE TO BE SOLD: _____

DESCRIPTION OF VEHICLE TO BE USED (IF APPLICABLE): _____

**** SEE REVERSE SIDE FOR REQUIRED SIGNATURE****

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I hereby declare under penalty of perjury that the foregoing information contained in this application is true and correct, such declaration being duly dated and signed in the City. I further understand that misstatements and inaccuracies in the application are grounds for immediate termination of said license. I hereby authorize the City, its agents, and employees to seek information and investigate the truth of the statements set forth in the application and the qualifications of the applicant for this license.

(APPLICANT SIGNATURE)

(DATE)

APPLICANT MUST SUBMIT APPLICATION FORM, THE FOLLOWING DOCUMENTS AND APPROPRIATE FEE BEFORE INVESTIGATION AND LICENSE CONSIDERATION WILL BEGIN.

- Application processing, ID card, maintain records fee: \$50
- Peddling on foot fee: \$50/ week or \$650/annually
- Each vehicle fee: \$75/week or \$975/ annually
- One color photograph of the applicant at least two inches x 2 inches (2" x 2") which shall show the head and shoulders of the applicant in a clear and distinguishing manner.
- Copy of Driver's License (if the applicant does not have a driver's license, 2 photos are required)
- A criminal background and history report issued by a home state government agency such as Michigan's ICHAT, dated within 30 days of the date of this application. Michigan residents can apply at www.michigan.gov/ICHAT.
- If peddling food or beverages, a license issued by the Oakland County Health Department.
- If peddling out of a motor vehicle, a vehicle inspection by the Department of Public Safety will be required. Contact the Department of Public Safety to schedule an inspection at (248) 541-1180.
- If under the age of 18, a valid work permit is required (issued by school district)

***** OFFICE USE ONLY*****

DATE SENT TO DEPARTMENT OF PUBLIC SAFETY: _____

DATE APPROVED BY DEPARTMENT OF PUBLIC SAFETY: _____

APPROVED: _____ DENIED: _____ BY WHOM: _____