



CHARTER TOWNSHIP OF PLYMOUTH
CLERK'S OFFICE
9955 N HAGGERTY ROAD
PLYMOUTH MI 48170

PEDDLER LICENSE APPLICATION

APPLICANT INFORMATION

PLEASE TYPE OR PRINT

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip code: _____

Drivers License # : _____ DOB: _____

Attach a color copy of the applicant's driver's license, computerized criminal history, master driving record and two 2" x 2" color photographs of all persons that will be peddling under the registration requested hereby.

Please list the names and addresses of all persons that will be peddling under the registration requested hereby:

1. _____
2. _____
3. _____
4. _____

BUSINESS INFORMATION

Company Name: _____ Bus. Phone: _____

Address: _____

City: _____ State: _____ Zip code: _____

If a corporation, organization or association, on a separate sheet list: the name, date and state under whose laws such corporation was organized and, if a foreign corporation, whether authorized to do business in the state of Michigan, the names of the principal officers, directors and local representatives, their residences and business addresses and telephone numbers.

Name of employee representing business: _____
Please provide written credentials setting forth the exact nature of employment

Length of time for which license is sought: _____

Description of product and/or service: _____



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For all individuals under age 17, State Department of Labor form L52 must be completed and submitted with this application. Please list the names of all individuals under age 17 who will be working under this license:

RESIDENT AGENT INFORMATION

You must provide the name, address and phone number of a Michigan resident who is the registered agent of the individual, corporation or association, who has the full power and authority to accept service of process for and on behalf of applicant in respect to any matters connected with or arising out of the business transacted under said license with the result that service on said agent shall be valid as if personally served on the applicant.

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip code: _____

AFFIDAVIT:

I hereby swear and affirm that the statements made within this application are true and correct. I am a citizen of the United States. I have never been convicted of a felony or crime involving larceny, assault, embezzlement, robbery, home invasion, breaking and entering, theft, dishonesty, false statement or fraud.

Applicant Signature: _____ Date: _____

All information must be complete before an applicant can be considered for licensure. If any item is not applicable, please indicate this on the application.

FOR OFFICE USE ONLY

DATE RECEIVED: _____	APPLICATION FEE REC'D: _____
<u>COPIES:</u> - Check that all applicable items have been received.	
<input type="checkbox"/> Drivers License	<input type="checkbox"/> Photos
<input type="checkbox"/> Master Driving Record	<input type="checkbox"/> Criminal History
<input type="checkbox"/> History of License	
LICENSE FEE: \$ _____	DATE ISSUED: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapprove
_____	_____
Joe Bridgman, CMC, Clerk, Charter Township of Plymouth	Date