



# PEDDLER OR PEDDLER'S HELPER PERMIT APPLICATION

Cashier Validation 04

### THE FOLLOWING MUST BE PROVIDED AT THE TIME OF APPLICATION:

1. Copy of Driver's License OR State Id
2. **Two** (2) 2"x2" photo(head and shoulders) – no Xeroxed photos accepted
3. Credentials establishing relationship of applicant to employer
4. Applicable Fee – see page 2 for fee schedule
5. Completed Application - return to City of Northville, 215 W. Main St, Northville, MI 48167

**ALL FIELDS** must be completed or your application will not be processed

## APPLICANT INFORMATION

Name \_\_\_\_\_

Permanent address \_\_\_\_\_

Temporary Address (If different) \_\_\_\_\_

Phone \_\_\_\_\_

### REFERENCES

Provide the names of 2 real property owners within the City that will certify as to the good character and business responsibility of the applicant. In lieu of this requirement, provide other available evidence as to the good character and business responsibility of the applicant (attach evidence to application)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**CRIMINAL RECORD** (IF APPLICABLE – Include Misdemeanors, Traffic and Parking Violations, and Penalties)

## BUSINESS / ORGANIZATION INFORMATION

Name of Business \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Complete Business Address \_\_\_\_\_

Description of Goods to be Sold \_\_\_\_\_

Vehicle – color / make \_\_\_\_\_ License Plate \_\_\_\_\_

Relationship of Applicant to the Employer \_\_\_\_\_

*(Attach credentials establishing the exact relationship)*

**FEE SCHEDULE – payment is to *City of Northville***

	<u>Peddler</u>	<u>Helper</u> (One per peddler. Must complete a separate application)
UP TO 3 MONTHS	<input type="checkbox"/> \$60	<input type="checkbox"/> \$15
3 TO 6 MONTHS	<input type="checkbox"/> \$90	<input type="checkbox"/> \$20
12 MONTHS	<input type="checkbox"/> \$115	<input type="checkbox"/> \$30

**Applicant Statement:**

*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 include permission to peddle 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**

**Police Department:**     Approved     Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial: \_\_\_\_\_

**City Manager:**         Approved     Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denial: \_\_\_\_\_

License No: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_