



"Heart of the Lakes"

CITY OF KEEGO HARBOR

APPLICATION FOR SOLICITOR/PEDDLER PERMIT

IN ADDITION TO THIS FORM THE APPLICANT WILL PROVIDE THE FOLLOWING:

1. Copy of driver's license or state identification card
2. **Two (2)** 2"x2" recent photographs of the applicant (head and shoulders)
3. A set of fingerprints made by the Orchard Lake Police Department (248-682-2400 for appointment).
4. Background check by Keego Harbor Police Department (248-682-3030 for appointment).
5. Appropriate fees.

A SAMPLE OF THE PRODUCT YOU ARE SELLING IS REQUIRED AT TIME OF APPLICATION.

Responsible Person

NAME _____

PERMANENT _____

ADDRESS _____

DAY _____

PHONE () _____

LOCAL _____

ADDRESS (If not same as above) _____

REFERENCES (name, address, and telephone number)

1. _____

2. _____

Have you been convicted of a crime or plead responsible to a traffic violation? Yes No

If answered yes, on a separate sheet of paper please describe the nature and details of the offense(s) including punishment or penalty assessed.

Are there any charges or traffic violations pending against you? Yes No

If answered yes, on a separate sheet of paper describe the nature and details of the situation.

Are you known by any other name(s)? If yes, please list: _____

LENGTH OF TIME FOR LICENSE _____

DATES OF SOLICITATION: From _____ To _____
From _____ To _____
From _____ To _____

OTHERS SOLICITING ON YOUR BEHALF:

Name	Address	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

BUSINESS/ORGANIZATION INFORMATION:

NAME _____
CORPORATE _____
ADDRESS _____

PHONE NUMBER _____

OWNERS OR ORGANIZATION CEO _____
BUSINESS/ORGANIZATION ADDRESS (If not same as above) _____

PHONE NUMBER _____
RELATIONSHIP OF APPLICANT TO BUSINESS OR ORGANIZATION _____

Describe goods or services to be sold or solicited _____

Are the goods prepackaged? Yes No

If answered no, you will need to provide us with a certificate from the Health Department.

IF USING A VEHICLE: MAKE/COLOR: _____ LIC. PLATE #/STATE _____

STATEMENTS

I, the undersigned, state that:

- all of the statements made above are true to the best of my knowledge and belief.
- if I am selling food goods, I am free of any infectious, contagious or communicable disease.
- I will comply with all local and state traffic provisions.
- I will not obstruct pedestrian or vehicular traffic
- I will not sell, peddle or solicit between the hours of 10:00 PM and 8:00 AM in the months of June, July and August and between the hours of 9:00 PM and 8:00 AM the rest of the year.
- I understand and acknowledge that any license issued because of this application expires at the City Clerk's discretion.
- I understand that a new application will be required at the time this application expires.
- I understand and acknowledge any false statement uncovered after the issuance of any permit shall be grounds for immediate suspension of the permit pending a hearing for revocation.

- I understand and acknowledge that any violation of these statements after the issuance of the permit shall be grounds for immediate suspension of the permit pending a hearing for revocation.

Signed _____ Dated _____.

FEES:

	Responsible Person (Licensee)	Assistant (per person)
12 Months	\$90.00	\$40.00
6 Months	\$65.00	\$25.00
3 Months	\$40.00	\$20.00
Daily	\$20.00	\$10.00

CHARITABLE* \$1.25 N/A

*Must supply the City of Keego Harbor with a copy of the charitable organization's letter of approval from the Internal Revenue Service.

□ □ □ □ **DO NOT WRITE BELOW - FOR OFFICIAL USE ONLY** □ □ □ □ □

Keego Harbor Police Department

Results of background investigation (if not enough room, attach separate sheet) _____

Recommend approval Yes No Signature: _____ Date: _____

Office of Building Department

Application approved: Yes No Signature _____ Date _____

If not approved, reason for disapproval (if not enough room, attach separate sheet) _____

Office of City Clerk

Application approved: Yes No Signature _____ Date _____

If not approved, reason for disapproval (if not enough room, attach separate sheet) _____

License no. _____ Date issued _____ Date expires: _____

Comments _____
