



CITY OF MILAN

147 WABASH STREET, MILAN MI 48160

PHONE: (734) 439-1501

www.milanmich.org

OFFICE OF THE
CLERK

PEDDLERS, TRANSIENT & ITINERANT MERCHANTS & VENDORS PERMIT APPLICATION

DATE OF APPLICATION:

APPLICANT INFORMATION

NAME: (FIRST/MIDDLE/LAST)

ADDRESS:

PHONE NUMBER:

DRIVERS LICENSE NO.:

_____ SOCIAL SECURITY #: _____

COLOR:

EYES:

HAIR:

HEIGHT:

WEIGHT:

DATE OF BIRTH:

ANY IDENTIFYING MARKS:

BUSINESS INFORMATION

ASSUMED NAME OF BUSINESS (if applicable):

LAVONNA WENZEL
CITY CLERK

ADDRESS:

PHONE NUMBER:

BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS AND THE GOODS TO BE SOLD:

LENGTH OF TIME FOR WHICH THE RIGHT TO DO BUSINESS IS DESIRED:

Peddlers, Transient & Itinerant Merchants & Vendors Permit Application
EMPLOYEE NAMES, ADDRESSES, PHONE NUMBERS, SS#, AND D.O.B.

ARE YOU USING A VEHICLE: WHAT IS THE STATE & LICENSE PLATE

DESCRIPTION OF VEHICLE: (MAKE, MODEL)

I HEARBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THIS IS A TRUE AND CORRECT APPLICATION; AND THAT I AGREE TO ABIDE BY AND COMPLY WITH ALL THE PROVISIONS AND REGULATIONS OF CODES GOVERNING LICENSES AND CONDITIONS AS AMENDED FOR WHICH THIS APPLICATION IS MADE.

SIGNATURE OF APPLICANT:

DATE:

FOR CITY PERSONNEL USE ONLY

PREVIOUS CONVICTIONS OF ORDINANCES OR LAWS IN CITY OF MILAN OR STATE OF MICHIGAN BY ANYONE LISTED IN THIS APPLICATION: NONE:

NAME	VIOLATION & COURT	DATE

REPORT OF CITY CLERK:

POLICE DEPARTMENT

APPROVED:

DATE:

BY:

CITY CLERK

APPROVED:

DATE:

BY:

FEES (TO BE PAID AT TIME OF APPLICATION SUBMITTAL):

APPLICATION FEE: \$50.00 NON-REFUNDABLE, PLUS \$25.00 FOR EACH ADDITIONAL APPLICANT. ANNUAL LICENSE FEE: \$50.00. LICENSE EXPIRES DECEMBER 31ST IN THE YEAR ISSUED.

FEES PAID: _____ DATE: _____ LICENSE#: _____

Amended 01-12-2015