



MILAN

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147 WABASH STREET, MILAN MI 48160

PHONE: (734) 439-1501

www.milanmich.org

**PEDDLERS, TRANSIENT & ITINERANT MERCHANTS & VENDORS PERMIT
APPLICATION**

DATE OF APPLICATION:

FEEES DUE 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. FAXED APPLICATIONS WILL **NOT** BE ACCEPTED.

FEEES PAID:

APPLICANT INFORMATION

NAME: (FIRST/MIDDLE/LAST)

ADDRESS:

PHONE NUMBER:

DRIVERS LICENSE NO.:

SOCIAL SECURITY #

EYE COLOR:

HAIR COLOR:

HEIGHT:

WEIGHT:

DATE OF BIRTH:

ANY IDENTIFYING MARKS:

LAVONNA WENZEL
CITY CLERK

PLEASE PROVIDE *APPLICANT INFORMATION* FOR EACH EMPLOYEE. ADDITION SHEETS UPON REQUEST.

BUSINESS INFORMATION

NAME OF BUSINESS: (if applicable)

ADDRESS:
PHONE NUMBER:

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

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

DESCRIPTION OF VEHICLE: (MAKE, MODEL)

ADDITIONAL VEHICLE(S) DESCRIPTION AND LICENSE PLATE:

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 POLICE DEPARTMENT:

REPORT OF CITY CLERK:

CITY CLERK: _____
APPROVED: _____

POLICE CHIEF: _____
APPROVED: _____

Revised 01-08-18