



CHARTER TOWNSHIP OF PORT HURON

3800 Lapeer Road
Port Huron Twp., Michigan 48060

Phone: (810) 987-6600
Fax: (810) 987-6712

Peddler/Solicitor Application

(For special events, applications must be received 7 days in advance. Otherwise, allow at least 72 hours for processing.)

Basic Information:

1. Person Peddling or Soliciting:

- a. First Name: _____ Middle: _____ Last: _____
- b. Business Name (if applicable): _____
Gender: _____ D.O.B.: _____ (Must be at least 14 years old. Work permit required for those under 16 years old).
- c. Driver's License Number: _____ Social Security #: _____
- d. Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
- e. Permanent Address: _____ Phone #: _____
- f. Local Address(if different): _____ alternate Phone: _____

2. Have you ever been convicted of a felony? Yes ___ No ___. If "yes" give date, charge, and explanation: _____

3. If employed as peddler or solicitor for a business or organization:

Employer's Business Name: _____
Employer's Address: _____ Employer's Phone #: _____

4. Description of business and goods to be sold: _____

(You MUST contact the health department if food items are being sold or prepared. 810-987-5306)

5. Vehicle Make/Model (if applicable): _____ License Plate #: _____

6. If this application is part of a group license, please list original applicant's name: _____

Fees/Rules and Regulations/Submission:

This application must be completed and approved according to Ordinance No. 213. You can obtain a complete copy of the ordinance in the Township Clerk's office.

License Fees:
\$40- one month
\$90- three months
\$160- six months
\$275- one year
\$20/extra persons in group
(license runs concurrent with original licensee)

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Fees/Rules and Regulations/Submission (Continued from Page 1):

Peddler/Solicitor License must be in sight or on person and produced upon request.

Submit this completed application with the appropriate fee amount to the Office of the Township Clerk, 3800 Lapeer, Port Huron, MI 48060. For questions, call the Clerk's office at 810-987-6600.

Privacy Act Release: By way of my signature below, I hereby acknowledge the rights of the Privacy Act passed by congress that no information can be provided to unauthorized personnel without my consent. I also release the Charter Township of Port Huron to conduct a full background check. I acknowledge that all statements listed in this application are fact. I also agree to all rules, regulations, and ordinances applicable to this application and my conduct in the Charter Township of Port Huron.

Applicant's Signature: _____ **Date:** _____

OFFICE USE ONLY BELOW THIS LINE -----

License # Issued: _____ Date Issued: _____

License Fee Paid: _____ Pay method: _____ Check # (if applicable): _____

License Renewal Tracker:

DATE PAID/RENEWED	AMOUNT	TIME PERIOD RENEWED FOR