

Date _____

City Issued License No: _____

**CITY OF STERLING HEIGHTS
OFFICE OF THE CITY CLERK**

**APPLICATION FOR TRANSIENT OR ITINERANT MERCHANTS,
COMMERCIAL SOLICITORS, PEDDLERS AND HAWKERS LICENSE**

I. PERSONAL INFORMATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone No: _____ Cell Phone No: _____ D.O.B. _____

Email Address: _____

Driver's License No.: _____ Sex: Male _____ Female _____

Height: _____ Weight: _____ Color of Eyes: _____ Color of Hair: _____

II. PARENT ORGANIZATION

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Type of Organization _____

Where and When Incorporated or Established _____

III. METHOD OF SOLICITATION (example: door to door)

IV. VEHICLES

Description (Make, Model, and Color) and License Number of Vehicle(s) to be used _____

V. DETAILS OF SALES

Indicate length of time for which license is desired:

Beginning Date _____ Ending Date _____

Hours of the day: _____ A.M. to _____ P.M. (Note: only allowed from 9:00am-8:00pm (Standard Time) and from 9:00am-9:00pm(Daylight Savings))

Location of Operation _____

VI. TYPES OF GOODS

Give a brief description of goods to be sold:

VII. ARRESTS OR CONVICTIONS

Officers or Directors of Parent Company: Yes _____ No _____

Itinerant Merchant: Yes _____ No _____

Have you ever been arrested or convicted of any offense against the laws of the United States, the Laws of the State of Michigan, or the Ordinances of the City of Sterling Heights. Please answer Yes or No. If yes, identify the crime, date, place and disposition:

Have you or the parent organization ever been prohibited from soliciting? Please answer Yes or No.

STATE OF MICHIGAN
COUNTY OF MACOMB

My commission expires _____

(OFFICE USE ONLY)

Approved by: _____

PHOTO	<u>FINGERPRINT</u> (Right Thumb)
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