

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.

I, _____, certify that all statements on this application are true. I understand that any false information in this application may result in the revoking of my license by the City of Sterling Heights.

Applicant's Signature

STATE OF MICHIGAN
COUNTY OF MACOMB

On this _____ day of _____, 20____, before me personally appeared _____, who being duly sworn, says that he/she signed the above application and that the statements therein are true.

Notary Public

My commission expires _____

**PLEASE NOTE: IF YOU HAVE MORE THAN FIVE (5) APPLICANTS
TOTAL YOU MUST CONTACT THE CLERK'S OFFICE
TO MAKE AN APPOINTMENT**

(OFFICE USE ONLY)

- _____ Copy of Chapter 39
- _____ Photographs 2" x 2" (two) – **frontal view only, no hats, hoodies, sunglasses, etc.**
(BOTH PHOTOS MUST BE THE SAME)
- _____ Fingerprint (Right Thumb)
- _____ Photocopy of applicant's driver's license (Send copy of Application & DL to PD)
- _____ **\$150.00 License Fee (for each solicitor)**
- _____ Date License Issued
- _____ Police Notification

Issued by: _____

Approved by: _____

PHOTO	FINGERPRINT (Right Thumb)
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