

**CITY CLERK
CITY OF EAST LANSING
410 ABBOT ROAD
EAST LANSING, MI 48823
Phone: (517) 319-6914 Fax: (517) 337-1607**

PEDDLERS, SOLICITORS AND TRANSIENT MERCHANT LICENSE APPLICATION

***FEES: \$6 per day; \$21 per month; \$51 per year With Vehicle: \$62.50 per year
Plus \$6.25 Per Person
Indemnity Bond: \$500**

Applicant's Name: _____ Phone No.: _____
 First Middle Last

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Social Security Number: _____

Permanent Address: _____ City: _____ Zip: _____

Current Occupation: _____

Prior permanent or business address used for the previous three years (if different than above):

Name of person, firm, partnership, corporation, or other business entity represented and phone number:
(if different than above)

Business Name: _____ Business Phone Number: _____

Business Address: _____ City: _____ Zip: _____

Brief description goods or services to be sold, and, in the case of handicrafts or products of farm or orchard,
whether produced or grown by the applicant:

**(If food is to be sold, verification of approval from the Ingham County Health Department to be
submitted with the application. See exemptions Chapter 8.)**

Length of license: Per Day Per Month Per Year

Days of operation: _____ **Hours of operation:** _____

*Please make checks payable to: City of East Lansing

Proposed method of sale, whether on foot or by motor vehicle, cart, or other conveyance:

If motor vehicle used: Driver's License Number: _____

Description of Vehicle: _____

Vehicle Identification Number: _____

License Plate Number: _____

Will private property be used? YES ____ NO ____ If yes, give location and evidence that you have the consent of the legal owner of the property: _____

Have you ever been convicted of a felony and/or a misdemeanor: YES _____ NO _____

If yes, list all convictions for a felony within ten years, high misdemeanor within five years and misdemeanor within three years you have had immediately prior to the date of this application:

If a motor vehicle is used, have you had your driver's license revoked, suspended or restricted within three years immediately prior to the date of application? YES ____ NO ____ **If yes, give the nature of any revocation, suspension, or restriction:** _____

Have you ever had any peddler or other occupational licenses from this city or any other state or municipal authority revoked, suspended or denied within three years immediately prior to the date of application?

YES ____ NO ____ **If yes, give the nature of any revocation:** _____

REQUIRED TO BE FILED WITH THE CITY CLERK'S OFFICE:

- If a non-profit organization, copy of 501(c) status to be submitted with application.**
- \$500 Surety or Cash Bond Copy of Michigan Sales Tax License
- Copy of Michigan Driver's License for each canvasser
- Copy of exemption certificate if required for the goods or services sold

I hereby certify that all the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith.

Signature _____ **Date:** _____

Date Received: _____ License Fee: _____ Bond Fee: _____

Date Paid: _____ Date Licensed Issued: _____ Date License Expires: _____

