

Peddler/Solicitor/Transient Merchant Business License Application



City of Marine City
Department of the City Clerk
260 S. Parker
Marine City, MI 48039
(810) 765-8830
clerk@cityofmarinecity.org

License Fee: \$5.00/day
\$20.00/month
\$100.00/6 months \$200.00/year
CASH/MONEY ORDER/CHECK ONLY
(Receipting Code: LIC)

***A copy of a valid Driver's License MUST be provided at time of application**

Name: _____ Date of Birth: _____

Contact Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Driver's License # _____ State _____

Address _____
Street City State Zip

Name of Employer (if not self-employed): _____

Address _____
Street City State Zip

Describe business and goods to be sold: _____

Type of Business License Application:

PEDDLER _____ SOLICITOR _____ TRANSIENT _____

PEDDLER ~ Carries goods to be sold

SOLICITOR ~ Takes order for future delivery of goods or service

TRANSIENT ~ Retail sales and delivery of goods on temporary basis

Goods:

Where are goods manufactured? _____

Where are goods stored? _____

What is the delivery method? _____

Have you been in the U.S. Military Service? Yes _____ No _____

Have you ever been convicted of any crime, misdemeanor or municipal ordinance violation?

Yes _____ No _____

If yes, disclose the nature of the offense and punishment _____

Vehicle Information:

Type of Vehicle _____

Vehicle Year _____ Vehicle Make _____

Registration # _____

*If vehicle must be inspected by Marine City Police Department, call 810-765-4040 for an appointment.***Vehicle Insurance Information:**

Insurance Company: _____ Policy # _____

Address _____

Street

City

State

Zip

Indicate desired term of license:☐ \$5.00 per Day☐ \$100.00 per 6 Months☐ \$20.00 per Month☐ \$200.00 per Year**Background Check**

All applicants must submit a criminal background check valid within 30 days of application. Please visit www.michigan.gov/ichat to perform background check to be submitted with application. Background Check fee is \$10 per query.

Certification

I certify that this business meets all County, State and/or Federal Licensing. I also certify that I have no outstanding overdue debt due to the city. I hereby certify that I am the owner, or am authorized to act on behalf of the owner, of the above described business. I further certify that to the best of my knowledge this is a true and correct application, and understand that the falsification of this application is cause for revocation or suspension of this license.

Applicant Signature: _____ Date: _____

CITY OFFICE USE ONLY

License Fee: \$ _____

Paid Date: _____

ID/Background Verified: _____

Outstanding Debt Verified: _____

Special Notes:

Required Signatures

City Clerk: _____ Date: _____

Chief of Police: _____ Date: _____

Term of License (Permit): _____ thru _____