



(updated 2021)

**Charter Township of Washington
COUNTY OF MACOMB
STATE OF MICHIGAN**

**APPLICATION FOR LICENSE
SOLICITING AND VENDING ORDINANCE No. 90
(application must be submitted 72 hrs. prior to planned activity)**

Name of Applying Vendor: _____

Address of Applying Vendor: _____

Name of Business: _____

Address of Business: _____

Contact Phone Number: _____

Type of Soliciting or Vending: _____

Years in Business: _____

Area targeted for solicitation: _____ Residential _____ Commercial or Industrial
(provide written consent of property owners)

Transient Merchant License: _____
(attach copy)

Dept of Public Health License: _____
(attach copy)

Individual's Driver License: _____
(Must Be Current & Valid – copy below)

Make & Model of Vehicle Being used _____ License Plate Number: _____

Signature of Applying Vendor: _____ **Date:** _____

I hereby affirm the above information be true and accurate. I further attest that I have not been convicted of a felony under the laws of the State of Michigan or any other state or the federal government within five (5) years of the date of this application.

(Office Use Only)

Vendor License No.: _____

Effective Date: _____

Expiration Date: _____

Valid (5) Days

Fee Paid: _____

ID Card Issued: _____

(date)

ID Card Returned: _____

(date)

Previous Permits: _____

Permit Processed by: _____

(office staff signature)

GL: 101.000-694.000

REC'T ITEM CODE: MISC

ORIG: CLERK COPY: TREAS, APPLICANT

Attach color copy of Driver License here

