



"Heart of the Lakes"

# CITY OF KEEGO HARBOR

## APPLICATION FOR SOLICITOR/PEDDLER PERMIT

### IN ADDITION TO THIS FORM THE APPLICANT WILL PROVIDE THE FOLLOWING:

1. Copy of driver's license or state identification card
2. **Two (2)** 2"x2" recent photographs of the applicant (head and shoulders)
3. A set of fingerprints made by the Keego Harbor Police Department (248-682-3030 for appointment).
4. Appropriate fees.

A SAMPLE OF THE PRODUCT YOU ARE SELLING IS REQUIRED AT TIME OF APPLICATION.

**A PHYSICAL EXAMINATION IS REQUIRED PRIOR TO ISSUANCE OF PERMIT (Code of Ordinances, City of Keego Harbor, Chapter 17, Section 17-9 Physical examination required)**

### Responsible Person

NAME \_\_\_\_\_  
 PERMANENT ADDRESS \_\_\_\_\_

DAY PHONE ( ) \_\_\_\_\_ ALTERNATE PHONE ( ) \_\_\_\_\_  
 LOCAL ADDRESS (If not same as above) \_\_\_\_\_

### REFERENCES (name, address, and telephone number)

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you been convicted of a crime or plead responsible to a traffic violation?  Yes  No  
 If answered yes, on a separate sheet of paper please describe the nature and details of the offense(s) including punishment or penalty assessed.

Are there any charges or traffic violations pending against you?  Yes  No  
 If answered yes, on a separate sheet of paper describe the nature and details of the situation.

Are you known by any other name(s)? If yes, please list: \_\_\_\_\_

LENGTH OF TIME FOR LICENSE \_\_\_\_\_

DATES OF SOLICITATION: From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**OTHERS SOLICITING ON YOUR BEHALF:**

Name	Address	City/State/Zip
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BUSINESS/ORGANIZATION INFORMATION:**

NAME \_\_\_\_\_  
CORPORATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

OWNERS OR ORGANIZATION CEO \_\_\_\_\_  
BUSINESS/ORGANIZATION ADDRESS (If not same as above) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_  
RELATIONSHIP OF APPLICANT TO BUSINESS OR ORGANIZATION \_\_\_\_\_

Describe goods or services to be sold or solicited \_\_\_\_\_

Are the goods prepackaged?  Yes  No  
If answered no, you will need to provide us with a certificate from the Health Department.

IF USING A VEHICLE: MAKE/COLOR: \_\_\_\_\_ LIC. PLATE #/STATE \_\_\_\_\_

**STATEMENTS**

- I, the undersigned, state that:
- all of the statements made above are true to the best of my knowledge and belief.
  - if I am selling food goods, I am free of any infectious, contagious or communicable disease.
  - I will comply with all local and state traffic provisions.
  - I will not obstruct pedestrian or vehicular traffic
  - I will not sell, peddle or solicit between the hours of 10:00 PM and 8:00 AM in the months of June, July and August and between the hours of 9:00 PM and 8:00 AM the rest of the year.
  - I understand and acknowledge that any license issued because of this application expires at the City Clerk's discretion.
  - I understand that a new application will be required at the time this application expires.
  - I understand and acknowledge any false statement uncovered after the issuance of any permit shall be grounds for immediate suspension of the permit pending a hearing for revocation.

- I understand and acknowledge that any violation of these statements after the issuance of the permit shall be grounds for immediate suspension of the permit pending a hearing for revocation.

Signed \_\_\_\_\_ Dated \_\_\_\_\_.

**FEES:**

	Responsible Person (Licensee)	Assistant (per person)
12 Months	\$90.00	\$40.00
6 Months	\$65.00	\$25.00
3 Months	\$40.00	\$20.00
Daily	\$20.00	\$10.00

CHARITABLE\* \$1.25 N/A

\*Must supply the City of Keego Harbor with a copy of the charitable organization's letter of approval from the Internal Revenue Service.

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**Keego Harbor Police Department**

Results of investigation (if not enough room, attach separate sheet) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Recommend approval  Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office of Building Department**

Application approved:  Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_

If not approved, reason for disapproval ( if not enough room, attach separate sheet) \_\_\_\_\_  
 \_\_\_\_\_

**Office of City Clerk**

Application approved:  Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_

If not approved, reason for disapproval ( if not enough room, attach separate sheet) \_\_\_\_\_  
 \_\_\_\_\_

License no. \_\_\_\_\_ Date issued \_\_\_\_\_ Date expires: \_\_\_\_\_

**Comments** \_\_\_\_\_

