

# Peddler/Solicitor/Transient Merchant Business License Application



City of Marine City  
Department of the City Clerk  
303 S. Water St.  
Marine City, MI 48039  
(810) 765-8830  
kbaxter@marinecity-mi.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: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Policy # \_\_\_\_\_

**Indicate desired term of license:**

\$5.00 per Day

\$100.00 per 6 Months

\$20.00 per Month

\$200.00 per Year

**Certification**

I hereby authorize the City of Marine City to conduct a background check and understand a copy of government issued photo identification is also required. 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 Verified: \_\_\_\_\_

Outstanding Debt Verified: \_\_\_\_\_

Special Notes:

\_\_\_\_\_  
\_\_\_\_\_

**Required Signatures**

City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

Term of License (Permit): \_\_\_\_\_ thru \_\_\_\_\_