

APPLICATION FOR PEDDLER'S LICENSE  
CITY OF ST. IGNACE  
(Complete in duplicate in ink)

1. **NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

Where can you be contacted in St. Ignace? Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Are you a Military Veteran? [ ] YES or [ ] NO

2. **NATURE AND LOCATION OF YOUR PEDDLERS BUSINESS:**

Type of goods to be sold:

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

Source of Goods: \_\_\_\_\_

Method you will use to sell goods (please check appropriate box):

[ ] I will carry goods with me which I will sell on a cash basis

[ ] I will take orders for delivery of goods and payment later,  
but I will not take any payment now for delivery later.

[ ] I will take full or partial payment now for delivery later.

Location of goods to be sold: [ ] Fixed Location OR [ ] Door to Door

If Fixed Location please provide:

Business Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

3. **YOUR COMPANY OR EMPLOYER:**

Name of your Company or Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Is this corporation registered to do business in Michigan? [ ] YES or [ ] NO

4. **VEHICLE:** Please make copy of valid driver's license.

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_

5. **REFERENCES:** List two property owners in Mackinac County who can testify to your good character and business responsibility:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Give any other information which will assist in judging your character and business responsibility: \_\_\_\_\_

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

6. **CRIMINAL HISTORY:** Have you ever been convicted of any crime, felony, misdemeanor or violation of any municipal ordinance? [ ] YES or [ ] NO

If yes, please list below:

Date:	Nature and Place of Offense:	Penalty:
_____	_____	_____
_____	_____	_____

7. **PERIOD OF TIME FOR WHICH LICENSE IS DESIRED:**

From: \_\_\_\_\_ To: \_\_\_\_\_

8. **APPLICATION REQUIREMENTS:** The following items must be furnished before a peddler's license can be issued, but may be furnished after the review of this application has been completed by the Chief of Police:

- a. Two (2) clear photographs (2" x 2" ) showing your head and shoulders, taken within 60 days of this application.
- b. A statement from a local doctor, written within 10 days of this application, that you are free from infectious, contagious or communicable disease (Subject to Section: 7(k) of this Ordinance).
- c. A statement from the property owner giving permission to set up on said property.
- d. An Interstate Commerce Statement, if applicable
- e. A Exemption Statement, if applicable
- f. Fingerprints of applicant.
- g. \$1,000.00 Bond, if applicable

9. **CERTIFICATION:**

I hereby certify that the statements and answers above and on the preceding page are true and complete to the best of my knowledge and belief, and that I am familiar with the provisions of the City of St. Ignace Peddler's Ordinance and will abide by them to the best of my ability. Failure to do so may lead to suspension of my license based on a cause. I understand the license and fees are non-fundable and non-transferable.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature:

NOTE:

- A processing fee of \$25.00 must be paid upon presenting this application
  - This application must be presented to the City Clerk at least 72 hours prior to the permit issuance.
  - Upon obtaining a peddler's license, fees collected are \$50.00 per day.
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## FOR OFFICE USE ONLY

**CHIEF OF POLICE:**

This application is hereby:     Approved             Disapproved

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature

Reasons for Disapproval:

**CITY CLERK:**

The following items are attached:

- Bond of \$1,000.00
- Doctor's Statement
- Exemption Statement
- Interstate Commerce Statement
- Fingerprints

License Issued:            Length of License: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

License No: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Signed by: \_\_\_\_\_