

# CITY OF MARYSVILLE PEDDLER OR SOLICITOR APPLICATION

(For special events, applications must be received 7 days in advance. Otherwise, allow at least 72 hours for processing.)

1. **Person peddling or soliciting:** (Must be at least 14 years old. If under 16 years of age, parent/guardiant apply as a co-applicant)

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Legal Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2. **If employed as peddler or solicitor for business or organization:** (attach credentials establishing the relationship)

Business Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

3. **Brief description of the nature of the business and goods to be sold:** ( the St. Clair County Health Department must be contacted at 810-987-5306 if food is going to be sold):

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

4. **Location where sales will be conducted** (e.g. specific corner, lot, door-to-door):

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

5. **Length of time license desired:** \_\_\_\_\_

6. **If applicable, vehicle make/model:** \_\_\_\_\_ **License#** \_\_\_\_\_

7. **Is this application part of a group license:** Yes\_\_ No\_\_; If yes, applicant's name \_\_\_\_\_

8. **Attach a copy of the background check** (\$28 paid to treasurer, take receipt to Police Dept.)  
(copy of receipt to Clerk's office)

9. **Information or questions:** Contact the City Clerk's office, 1255 Delaware, Marysville, MI 48040 or phone 810-364-6613

10. **Attach photo of applicant.**

11. **Two property owners of St. Clair Co, Michigan who will certify the applicant's character**

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Office use only

Background check fee paid \_\_\_\_\_ Date \_\_\_\_\_

License issued: Type \_\_\_\_\_ Amt paid \_\_\_\_\_ License expires \_\_\_\_\_

Refer to Code, Chapter 74 and Chapter 75, and most recent fee schedule