



CITY OF GRAND LEDGE

Established 1893

Ph: (517) 627-2149
Fax:(517) 627-9796

200 E. Jefferson St.
Grand Ledge, MI 48837

Peddling License Application

For Office Use

<input type="checkbox"/> Valid current Michigan sales tax license or, if exempt, a copy of a current exemption certificate	Total Fee \$ _____
<input type="checkbox"/> Certificate of approval issued by the Barry-Eaton District Health Department, if peddling prepared food	Good From _____ To _____

Applicant's Name _____ Date of Birth _____

Social Security # _____ Drivers License # _____

Address _____ Daytime Phone _____
_____ Evening Phone _____

Firm represented _____

Address _____ Phone _____
_____ Fax _____

Owner's Name _____ Phone _____

Description of goods or services to be peddled: _____

Method of deliver of goods or services to be peddled: _____

Method of peddling (door to door, house to house, person to person, car to car, temporary structure, vehicle, etc.): _____

If structure or vehicle, describe and give location: _____

If structure, give location and describe available parking: _____

Property Owner's Name _____ Phone _____

Earliest date of operation: _____ Earliest time of operation each day: _____

Latest date of operation: _____ Latest time of operation each day: _____

References (located within the City unless the applicant has never resided or owned a business within the City, or peddled within the City, then references from where the applicant lives or owns a business may be used):

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

Have you ever had any occupational or business license revoked or suspended by any governmental authority? Yes ___ No ___

If "Yes," what is the name of the governmental authority and explain the circumstances of the revocation or suspension.?

Have you, or anyone operating under the authority of this permit, ever operated as a peddler within the City of Grand Ledge before? Yes ___ No ___

If "Yes," were you issued a peddling permit and what was the nature of the peddling?

I agree to follow all rules, regulations and laws adopted by the City of Grand Ledge; and I acknowledge that if I do not, I will forfeit the peddling license and any fee paid. I grant consent to the Grand Ledge Police Department to review my criminal history and driving record. I certify the statements made and the information provided in this application for a peddling license are true, accurate and complete.

Applicant's Signature

Date

I understand that the City shall hold me responsible for the clean up and/or repair of my property to its original condition prior to the peddling, and will use any means necessary to recover its cost of completing the cleanup and/or repair of my property if I do not complete the clean up and/or repair within fourteen days after the expiration of the peddling license applied for in this application.

Property Owner's Signature

Date

Required Reviews

	Approve Application	Deny Application	Initials
<input checked="" type="checkbox"/> City Clerk	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/> Police Department	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Building Department	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> Zoning Department	<input type="checkbox"/>	<input type="checkbox"/>	_____

Disposition

	Date	Initials
<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Denied	_____	_____
<input type="checkbox"/> Appealed	_____	_____
<input type="checkbox"/> Approved	_____	_____
<input type="checkbox"/> Denied	_____	_____

Additional persons participating in the peddling for which this application is being submitted:

Name _____ Date of Birth _____

Social Security # _____ Drivers License # _____

Address _____ Daytime Phone _____

_____ Evening Phone _____

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Signature _____ Date _____