



CITY OF YPSILANTI
APPLICATION FOR PEDDLERS AND SOLICITORS PERMIT

LENGTH OF TIME PERMIT IS DESIRED (MAXIMUM ONE YEAR): _____

APPLICANT INFORMATION

APPLICANT'S NAME: _____

PERMANENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____ - _____

LOCAL/TEMPORARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (_____) _____ - _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

HEIGHT: ____ FT ____ IN **WEIGHT:** ____ LBS **EYES:** _____ **HAIR:** _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NATURE OF BUSINESS/GOODS TO BE SOLD: _____

ADDRESS OR PLACE OF RESIDENCE

DURING THE PAST THREE (3) YEARS, IF OTHER THAN PRESENT ADDRESS

Street Address City State Zip

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COMPANY/EMPLOYER YOU WILL BE REPRESENTING

ADDRESS: _____ PHONE: (_____) _____ - _____

CITY: _____ STATE: _____ ZIP: _____

IF A VEHICLE IS TO BE USED, PLEASE COMPLETE THE FOLLOWING:

YEAR: _____ MODEL: _____ COLOR: _____

LICENSE NUMBER: _____ STATE: _____

PLEASE ATTACH:

- AN OFFICIAL LETTER FROM YOUR EMPLOYER STATING YOUR RELATIONSHIP WITH THE COMPANY OR ORGANIZATION.
- DRIVER LICENSE, REGISTRATION, AND PROOF OF INSURANCE FOR ANY VEHICLE USED TO CONDUCT BUSINESS.
- PROOF OF PUBLIC (PRODUCT) LIABILITY INSURANCE (YOUR COMPANY SHOULD HAVE THIS).
- PROOF OF VALID HEALTH PERMIT ISSUED BY THE WASHTENAW COUNTY HEALTH DEPARTMENT (*APPLIES TO FOOD PRODUCTS*).
- TWO 2" X 2" PHOTOS SHOWING FACE AND SHOULDERS, TAKEN WITHIN THE PAST SIXTY (60) DAYS.
- LIST OF NAMES/ADDRESSES OF **EACH** INDIVIDUAL TO BE SOLICITING/PEDDLING
- A COPY OF A COMPREHENSIVE CRIMINAL HISTORY OF EACH INDIVIDUAL ISSUED BY A POLICE AGENCY ISSUED WITHIN THE LAST 30 DAYS.
- \$100 APPLICATION FEE

ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

I hereby swear or affirm that the statements made herein are true, and further that I agree to hold the City of Ypsilanti harmless for any loss or damages sustained by a third person through the conduct, activity and negligence of the applicant and shall agree to indemnify the City of Ypsilanti for any damages which it sustains due to the acts of the applicant, or applicant's agents or employees.

Applicant Signature

Date

Witness Signature

Date

Application Fee received on _____ Receipt No. _____

Approved By: _____