

PEDDLERS AND TRANSIENT MERCHANTS LICENSE

REQUIREMENTS:

1. Bond in the amount of \$1,000. (844.15)
2. Fingerprints by the Lansing Police Department. (844.04 (a)(8))
3. A statement from a Doctor certifying applicant to be free of communicable diseases. (844.04 (a)(10))
4. Two small wallet size photos. (844.04 (a)(7))
5. Form contracts (if any) to be used in the course of business. (844.04 (a))

APPLICANT'S NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ COLOR OF EYES: _____

APPLICANT'S LOCAL ADDRESS: _____

APPLICANT'S LEGAL ADDRESS: _____

APPLICANT'S PHONE NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR MUNICIPAL ORDINANCE?

_____ IF YES, STATE NATURE OF CRIME: _____

WHAT PENALTY WAS IMPOSED? _____

TYPE OF PRODUCT TO BE SOLD & TYPE OF BUSINESS: _____

IF A VEHICLE IS USED IN YOUR BUSINESS, PLEASE PROVIDE MAKE AND MODEL NUMBER OF

VEHICLE AND LICENSE NUMBER: _____

PLACE OF MANUFACTURE OF GOODS TO BE SOLD: _____

PRESENT LOCATION OF GOODS TO BE SOLD: _____

WHAT TYPE OF GOODS ARE TO BE SOLD? _____

INVOICE VALUE AND QUANTITY OF GOODS: _____

HOW WILL GOODS BE DELIVERED TO CUSTOMERS? _____

NAME OF PERSON(S) SUPERVISING BUSINESS IN THE CITY OF LANSING: _____

IS THE OWNER OF THE BUSINESS A CORPORATION? _____ IF YES, IN WHAT STATE IS THE

BUSINESS INCORPORATED? _____

NOTE: IF YOU ARE WORKING FOR SOMEONE ELSE, YOU MUST FURNISH CREDENTIALS SHOWING YOUR LEGAL AUTHORITY TO ACT AS A REPRESENTATIVE FOR THEM.

LOCATION OF BUSINESS IN THE CITY OF LANSING _____

LOCATION(S) & ADDRESS(ES) WHERE BUSINESS HAS BEEN CONDUCTED IN THE PRECEDING SIX MONTHS: _____

METHOD(S) USED TO SELL GOODS: _____

WHAT TYPE(S) OF ADVERTISING WILL BE DONE? _____

ALL APPLICATIONS WILL BE REVIEWED BY THE LANSING POLICE DEPARTMENT AND MUST HAVE APPROVAL OF THE LANSING CITY COUNCIL. YOU WILL BE NOTIFIED OF ANY DENIAL BY MAIL AND YOU HAVE THE RIGHT OF APPEAL FOR ANY NEGATIVE ACTION WITHIN 14 DAYS OF THE DATE OF RECEIPT OF NOTICE OF DENIAL.

"I HEREBY CERTIFY AND SWEAR THAT THE ANSWERS TO ALL OF THE ABOVE QUESTIONS ARE TRUE."

APPLICANT'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 19____.

NOTARY PUBLIC, COUNTY OF _____
STATE OF _____
MY COMMISSION EXPIRES ON _____

NON-REFUNDABLE ANNUAL FEE: \$75.00
PLUS \$15.00 REGISTRATION FEE ON INITIAL APPLICATION. (844.04 (a)

APPROVALS:

CHIEF OF POLICE

DATE

CITY COUNCIL

DATE

PEDDLER.APP (REV. 2/98)