



CITY OF WYANDOTTE

Office of the City Clerk
3200 Biddle Ave.
Wyandotte, MI 48192
(734) 324-4560

APPLICATION FOR SOLICITORS, PEDDLERS, AND TRANSIENT MERCHANTS

Type of License: <small>Please check one</small>	<input type="checkbox"/> Peddler: On foot or vehicle with product readily available	<input type="checkbox"/> Commercial Solicitor: Sale of products for future delivery		
	<input type="checkbox"/> Transient Merchant: Temporary, stationary vendor	<input type="checkbox"/> Non-Commercial Solicitor: Non-profit organization solicitations		
Name of Applicant:		Date of Birth:		
Permanent Address:				
No. & Street		City	State	Zip
Local Address:				
<small>(If different from Perm. Address)</small>		No. & Street	City	State Zip
Driver's License #:				
Weight:	Height:	Eye Color:	Hair Color:	
Name of Employer/Organization:				
Employer/Organization Address:				
No. & Street		City	State	Zip
Type of Credential Supplied: <small>(circle one and attach copy)</small>	Work ID	Company letter stating association	501(c)(3) Designation proof	Other (please describe)
State Employer ID #:		Federal Tax ID #:		
Description of Business & Goods to be Sold:				
Area of Sale:		Length of Sale:		
Location of manufacturer of item to be sold:				
Method of delivery to customer:				
Have you ever been convicted of any crime, misdemeanor, or violation of any Municipal Ordinance?				YES NO
If yes, specify nature, punishment, or penalty: <small>(use back of application, if necessary)</small>				
State the names of TWO property owners in Wayne County who will certify to your good character and business responsibility:				
Name	Address	Phone #	Occupation	
Name	Address	Phone #	Occupation	

Signature of Applicant:	Date:
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Do not write below this line

FOR CLERK'S OFFICE USE ONLY

Fee Paid: Commercial Solicitor/Peddler - \$300/year Transient Merchant - \$300/day Non-Commercial Solicitor - N/C	Surety Bond: Amount: \$1,000 Other: \$ _____	Y	N	N/A
iCHAT provided: Y N N/A	Work credentials supplied:	Y	N	N/A
Copy of Driver's License: Y N N/A	2 Current Photographs Supplied: <small>(please attach below)</small>	Y	N	N/A
License #:	Expiration Date:			

FOR POLICE DEPARTMENT USE ONLY

License Application Investigation Status:	Approved:	Denied:
Signature:	Date:	

Attach
Photo
Here