

Date \_\_\_\_\_

License Number \_\_\_\_\_

**CITY OF STERLING HEIGHTS  
OFFICE OF THE CITY CLERK**

**APPLICATION FOR TRANSIENT OR ITINERANT MERCHANTS,  
COMMERCIAL SOLICITORS, PEDDLERS AND HAWKERS LICENSE**

**I. PERSONAL INFORMATION**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_

**II. PARENT ORGANIZATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Type of Organization \_\_\_\_\_

Where and When Incorporated or Established \_\_\_\_\_

\_\_\_\_\_

**III. METHOD OF SOLICITATION (example: door to door)**

\_\_\_\_\_

**IV. VEHICLES**

Description (Make, Model, and Color) and License Number of Vehicle(s) to be used \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**V. DETAILS OF SALES**

Indicate length of time for which license is desired:

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Hours of the day: \_\_\_\_\_ A.M. to \_\_\_\_\_ P.M. (Note: only allowed from 9:00am-8:00pm (Standard Time) and from 9:00am-9:00pm(Daylight Savings))

Location of Operation \_\_\_\_\_

**VI. TYPES OF GOODS**

Give a brief description of goods to be sold:

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**VII. ARRESTS OR CONVICTIONS**

Officers or Directors of Parent Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Itinerant Merchant: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been arrested or convicted of any offense against the laws of the United States, the Laws of the State of Michigan, or the Ordinances of the City of Sterling Heights. Please answer Yes or No. If yes, identify the crime, date, place and disposition:

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Have you or the parent organization ever been prohibited from soliciting? Please answer Yes or No.

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I, \_\_\_\_\_, certify that all statements on this application are true. I understand that any false information in this application may result in the revoking of my license by the City of Sterling Heights.

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

STATE OF MICHIGAN  
COUNTY OF MACOMB

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, who being duly sworn, says that he/she signed the above application and that the statements therein are true.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**PLEASE NOTE: PHOTOGRAPHS MUST BE FRONTAL VIEW ONLY  
NO HATS, HOODIES, SUNGLASSES, ETC.  
(BOTH PHOTOS MUST BE THE SAME)**

(OFFICE USE ONLY)

- \_\_\_\_\_ Copy of Chapter 39
- \_\_\_\_\_ Photographs 2" x 2" (two)
- \_\_\_\_\_ Fingerprint (Right Thumb)
- \_\_\_\_\_ Photocopy of applicant's driver's license (Send copy of Application & DL to PD)
- \_\_\_\_\_ **\$135.00 License Fee (for each solicitor)**
- \_\_\_\_\_ Date License Issued
- \_\_\_\_\_ Police Notification

Issued by: \_\_\_\_\_

Approved by: \_\_\_\_\_

PHOTO	<u>FINGERPRINT</u> (Right Thumb)
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