

Temporary Merchant Business License Application

1. Please check one:

Peddler

Solicitor

Transient Merchant

2. Applicant

Name _____ Permanent Address _____

City _____ State _____ Zip Code _____

Telephone: (C) _____ (H) _____ e-mail _____

Height _____ Weight _____ Hair Color _____ Gender _____

Driver's License Number _____ State of Issuance _____ Social Security Number _____

Employer's Name _____

Employer's Full Address _____

Employer Phone _____ Employer E-mail _____ Name of Supervisor _____

Describe business and goods or services to be sold _____

Description of vehicle to be used _____ Vehicle License Plate _____

Length of time for permit request (all permits expire on 12/31) _____

Intended area of solicitation/canvassing _____ Method of delivery _____

I hereby certify that I have/have not been convicted of any crime, misdemeanor or violation of any municipal ordinance.

If I have been convicted, the conviction was for the following offense _____ and

I received the following punishment _____.

3. Background Check Waiver

The facts set forth in this application are true and complete to the best of my knowledge, and I understand that any misrepresentation, falsification or willful omission shall be sufficient reason for denial of the permit.

I hereby authorize investigation of all statements contained in this application regarding my personal history, financial and credit record, employment, education, criminal history, if any, or driving history through any investigation of your choice.

I hereby release from liability the city and all agents of the city for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications. I hereby release from liability any and all individuals and organizations, any firm, institution or court, releasing data pertinent to the review of my application and information released in good faith without malice concerning professional competence, ethics, character and other qualifications.

_____	_____
Full Printed Name of Applicant	Present Address/ how long
_____	_____
Previous Name (if applicable)	Previous Address/ how long
_____	_____
Signature	Date

This application must be presented with the following supporting documentation:

1. Credentials supporting the relationship with the employer.
2. The background check fee of \$10 with signed waiver to facilitate investigation.

The application fee of \$100 will be collected once a satisfactory background check is received.

Proposed location or address of transient merchant _____

_____.

FOR CITY USE ONLY

Applicant supplied the city of Algonac with all required information and documentation as requested in the application on _____.

Background check completed on _____

Proper zoning for location of transient merchant (f applicable) _____

License issued on _____ by _____