



3195 Wilson
Grandville, MI 49418
Telephone: (616) 530-4974
Fax: (616) 530-3859

APPLICATION FOR SOLICITOR'S OR PEDDLER'S LICENSE

APPLICANT INFORMATION:

Name: _____

Company: _____

Mailing Address: _____

Phone Number: _____

TYPE OF ACTIVITY:

_____ Door-to-Door Sales.

_____ Other (Please specify.) _____

(Please provide us with a list of solicitors including name, address, phone number, date of birth and drivers license number. If using a vehicle please include a brief description and license plate number).

Beginning date: _____ Expiration date: _____

Hours of operation: _____

Fees due: \$50.00 per week or \$25.00 per day

I affirm that the above statements are true to the best of my knowledge. I agree to conduct my business in compliance with City Ordinances and State law, as required.

Signature

Date

For City Use Only

Application Approved: _____

Application Denied: _____

Conditions of Approval: _____

Expiration of Permit _____

Signature