

21 E. Church Street
Lake Orion, MI 48362
Phone: 248-693-8391
Fax: 248-693-5874
www.lakeorion.org



**PEDDLER,
ITINERANT MERCHANT,
Or SOLICITOR
LICENSE APPLICATION**

THE REQUIREMENTS OF THIS APPLICATION ARE PURSUANT TO THE VILLAGE OF LAKE ORION CODE OF ORDINANCES **CHAPTER 110: PEDDLERS, ITINERANT MERCHANTS, AND SOLICITORS** AND ARE ATTACHED. SIGNATURES CONSTITUTE AGREEMENT AND ACCEPTANCE OF THE REGULATIONS and RESTRICTIONS CONTAINED WITHIN.

Number of *Individuals Requesting License: _____

Type of License Requested: **PEDDLER** _____ **ITINERANT MERCHANT** _____ **SOLICITOR** _____

*NOTE: Must complete Addendum page for Each Individual Engaged as a Peddler, Itinerant Merchant, or Solicitor in the Village Including Employees, Helpers, and Assistants; Individual Licenses are Required.

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Company Name _____ Phone # _____ Fax# _____

Company Street Address, City, State, Zip _____ Website (if applicable) _____

Company Is A: Sole Proprietor _____ Partnership _____ Corporation _____ in _____ (State of Incorporation)

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Manager / Supervisor Name and Title _____ Phone # _____ Cell # _____

Manager / Supervisor Local Street Address, City, State, Zip _____

Manager Permanent Street Address, City, State, Zip _____ Email Address _____

List any and all violations of any municipal Ordinance or conviction of any felony or misdemeanor, date, penalty and disposition of such offenses.

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Description of All Goods or Services being offered for Sale or Delivery (attach flyer/brochure if applicable)

Proposed Dates of Business Activities: From _____ To _____

Method of Sale: Samples _____ Stock _____ Order _____

Goods Invoice Value: \$ _____ per _____ Goods Manufactured / Grown In: _____

Current Location of Goods: _____ Type of Advertising: _____

Is product FOODSTUFF related? NO _____ YES _____ (If Yes - Must submit Physician's Statement for each Individual engaged in sales within 10 days of date of application certifying applicant is free of contagious or communicable disease AND copy of All Required Oakland County Permits.)

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→

Applicant Name and Title _____ Phone # _____ Cell # _____

Applicant Local Street Address, City, State, Zip _____

Applicant Permanent Street Address, City, State, Zip _____ Email Address _____

Drivers License No. (attach copy) _____ Date of Birth _____

Vehicle Being Used: Make _____ Model _____ Color _____ Year _____ License Plate No. _____

List any and all violations of any municipal Ordinance or conviction of any felony or misdemeanor, date, penalty and disposition of such offenses.

APPLICANT ATTACHMENTS:

Fees _____ Bond _____ Drivers License(s) _____ Physicians Statement _____ Oakland County Permit(s) _____

Addendum for each Employee/Helper/Assistant _____

NOTE: Applicant AND Business Owner(s) / Corporation President Signatures are Required

I hereby swear that the above information is true and correct,

Signature of Applicant _____ Date _____ Signature(s) of ALL Partners _____ Date _____
 (Required for Partnerships)

Signature of Sole Proprietor _____ Date _____ Signature of President of Corporation _____ Date _____
 (Required for a Sole Proprietor Business) (Required for Corporations)

*** OFFICE USE ONLY DO NOT WRITE BELOW ***

Record Check Date - *Approved / Denied - Police Chief Signature Date

TYPE OF LICENSE (circle one) PEDDLER ITINERANT MERCHANT SOLICITOR

* License Issue Date - * License Expiration Date - Clerk Signature Date

* Approved License Valid 9 a.m. to 9 p.m. Weekdays and Saturdays Only, excluding holidays.

* No License is Transferable.

ADDENDUM PAGE (copy pages as needed for each employee/helper/assistant)



Name of Employee/Helper/Assistant _____ Phone # _____ Cell # _____

Local Street Address, City, State, Zip _____

Permanent Street Address, City, State, Zip _____

Drivers License No. or State ID (attach copy) _____ Date of Birth _____

Vehicle Being Used: Make _____ Model _____ Color _____ Year _____ License Plate No. _____
(if applicable)

List any and all violations of any municipal Ordinance or conviction of any felony or misdemeanor, date, penalty and disposition of such offenses.

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Record Check Date - Approved / Denied - Police Chief Signature Date

ADDENDUM PAGE (copy pages as needed for each employee/helper/assistant)



Name of Employee/Helper/Assistant _____ Phone # _____ Cell # _____

Local Street Address, City, State, Zip _____

Permanent Street Address, City, State, Zip _____

Drivers License No. or State ID (attach copy) _____ Date of Birth _____

Vehicle Being Used: Make _____ Model _____ Color _____ Year _____ License Plate No. _____
(if applicable)

List any and all violations of any municipal Ordinance or conviction of any felony or misdemeanor, date, penalty and disposition of such offenses.

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Record Check Date - Approved / Denied - Police Chief Signature Date



PEDDLER PERMIT REQUIREMENTS

An individual license is required for permit applicant and each employee.

The Lake Orion Police will run a background check on each permit applicant and employee. A valid Michigan Driver’s License or Picture ID is required, with each individual appearing in person at the Village Offices.

After the above has been completed, we will proceed with the application.

Application for Permit

****Note: if food related products are being peddled, a Health Department Permit is required****

1.	Application Bond	\$250.00	
2.	Background Check	\$10.00 per each applicant	
3.	License Fee	Each day less than 1 week	\$5.00 per day
		3 months	\$35.00
		6 months	\$50.00
		1 year	\$75.00
4.	Helpers & assistants (each person)	Daily	\$1.00 per day
		3 months	\$10.00
		6 months	\$15.00
		1 year	\$25.00

Please remember to verify the Village geographic limits (1.37 sq miles)