

**APPLICATION FOR SOLICITORS LICENSE** 1/22/09

Charter Township of West Bloomfield  
(Chapter 17 - Township code)

Please Print or Type Information

DATE: \_\_\_\_\_

**Section 1 - Name & Description of Applicant**

NAME OF LICENSEE: \_\_\_\_\_

ADDRESS: Home: (Permanent) \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Local: (Full) \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

HAIR: (Color) \_\_\_\_\_ EYES: (Color) \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

**Section 2 - Description: Nature of Business**

TYPE OF GOODS TO BE SOLD "OR" ACTIVITY UNDERTAKEN: \_\_\_\_\_

METHOD OF TRAVEL: \_\_\_\_\_

HOURS OF OPERATION: From: \_\_\_\_\_ To: \_\_\_\_\_

LENGTH OF TIME TO DO BUSINESS (Dates): From: \_\_\_\_\_ To: \_\_\_\_\_  
(not to exceed 90 days)

ARE ORDERS TAKEN WITH THE PROMISE OF DELIVERY? \_\_\_\_\_

METHOD OF DELIVERY: \_\_\_\_\_

**Section 3 - Employer: Manufacture/Production of Goods**

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS OF EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

VERIFICATION OF EMPLOYMENT (Credentials): \_\_\_\_\_

PLACE OF MANUFACTURE: \_\_\_\_\_

PLACE OF STORAGE OF GOODS: \_\_\_\_\_

PLACE OF VEHICLE STORAGE (if any) \_\_\_\_\_

SIZE OF VEHICLE (if any) \_\_\_\_\_

Proof of a Federal tax identification # attached

Proof of a Michigan sales tax license attached

Proof of posting of \$2,000 cash bond

Vehicle inspection by Twp. Code Enforcement

Fee Collected By \_\_\_\_\_ Date and Amount \_\_\_\_\_

(\$250.00 per solicitor)

OVER PLEASE 

**Section 4 - Personal References**

PERSONAL REFERENCES: Two (2) **Oakland County property owners** who will attest to Applicant's good character and business reliability OR other available evidence as to the good character and business responsibility of the applicant as will enable an investigator to properly evaluate such character and business responsibility:

- 1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Section 5 - Any Convictions?**

HAVE YOU BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR TOWNSHIP ORDINANCE VIOLATION? Yes  No

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**SECTION 6 - Vehicle Insurance**

VEHICLE USED: MAKE \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

NAME OF INSURER AND TYPE OF INSURANCE CARRIED ON VEHICLE: \_\_\_\_\_

**INFORMATIONAL:**

*A fee of \$250.00 per solicitor (not to exceed 90 days per year) must be paid to the Charter Township of West Bloomfield, 4550 Walnut Lake Road, Box 250130, West Bloomfield, MI 48325-0130.*

*No Solicitor shall enter any residence in the Charter Township of West Bloomfield except under invitation by an adult resident thereof.*

*No Solicitor, while in the course of conducting his business, shall threaten, annoy or engage in any conduct which would tend to create a nuisance to any resident or residents in the Charter Township of West Bloomfield. Upon conviction of any violation of this Ordinance, the responsible party or parties shall be subject to a maximum fine of \$500.00 and/or up to ninety (90) days imprisonment in the Oakland County Jail, at the discretion of the court of jurisdiction. Authority derived from State of Michigan, Act 246, Public Acts of 1948, as amended.*

*I, the aforementioned applicant, swear that all statements in this application are true to the best of my knowledge and that I understand the provisions of the applicable ordinance and will endeavor to adhere to these provisions.*

*I understand that this license can be revoked by the Township Clerk for violation of terms of Ordinance, violation of any other Township Ordinance, or undesirable business practices. Granting of this license does not release any obligations to obtain other licenses required by other law or governing body.*

*No Solicitor shall call any residence within the Charter Township of West Bloomfield on any day prior to 9:00 a.m., nor after 7:00 p.m. during eastern standard time, nor after 9:00 p.m. during Michigan daylight savings time, nor on any Sunday or legal holiday, except upon prior specific request of the resident.*

SIGNATURE \_\_\_\_\_ WITNESS \_\_\_\_\_

**POLICE DEPARTMENT USE ONLY:**

Picture attached: Yes  No

Approved by Police Department: Yes  No

APPROVED BY: Name \_\_\_\_\_ Title: \_\_\_\_\_

