

# PEDDLER, SOLICITOR & TRANSIENT MERCHANT BUSINESS LICENSE APPLICATION

City of Marine City, Michigan

**\*A copy of valid Driver's License MUST be provided at time of application**

PLEASE TYPE OR PRINT

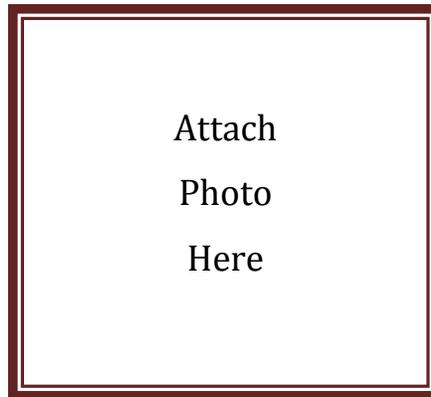
1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

**PHOTOGRAPH: Attach 2" x 2" photo of head and shoulders. Photo no more than 60 days old.**



2. Name of Employer (if not self-employed) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

3. Describe Business and Goods to be Sold: \_\_\_\_\_

\_\_\_\_\_

4. **Type of Business License Application**

**PEDDLER** \_\_\_\_\_ **SOLICITOR** \_\_\_\_\_ **TRANSIENT** \_\_\_\_\_

**PEDDLER ~ Carries Goods to be Sold**

**SOLICITOR ~ Takes Order for Future Delivery of Goods or Service**

**TRANSIENT ~ Retail Sales and Delivery of Goods on Temporary Basis**

5. **GOODS:**

Where are goods manufactured? \_\_\_\_\_

Where are goods stored? \_\_\_\_\_

What is the delivery method? \_\_\_\_\_

6. **Have you been in the U.S. Military Service?** Yes \_\_\_\_\_ No \_\_\_\_\_

7. **Have you ever been convicted of any crime, misdemeanor or municipal ordinance violation?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, disclose the nature of the offense and punishment.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. **Vehicle Information.**

Type of Vehicle \_\_\_\_\_

Vehicle Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_

Registration # \_\_\_\_\_

*If vehicle must be inspected by Marine City Police Department, call 810-765-4040 for an appointment.*

9. **Vehicle Insurance Information.**

Insurance Company: \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Policy # \_\_\_\_\_





## CITY OF MARINE CITY

### AUTHORIZATION FOR RELEASE OF INFORMATION

COMPLIANCE: Voluntary

To Whom It May Concern:

I hereby authorize any representative of the City of Marine City bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records checked below:

- |   |   |
|---|---|
| <input type="checkbox"/> Employment History                           | <input type="checkbox"/> Attendance Records                   |
| <input type="checkbox"/> Criminal History                             | <input type="checkbox"/> Personal History                     |
| <input type="checkbox"/> Financial / Credit                           | <input type="checkbox"/> Disciplinary History                 |
| <input type="checkbox"/> Academic Records / School Counseling Records | <input type="checkbox"/> Mortgage Records & Payment Schedules |
| <input type="checkbox"/> Athletic Records                             | <input type="checkbox"/> Utility Bills                        |
| <input type="checkbox"/> Social Media / Digital Records               | <input type="checkbox"/> Driving Record                       |

I hereby release you, the institution or establishment which you represent, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this Authorization for Release of Information, or any attempt to comply with it. Should there be any question as to the validity of the Authorization, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

Full Name		Social Security Number		Date of Birth (MM/DD/YYYY)
Current Address	City	State	Zip Code	Telephone Number
Driver's License Number				State Issuing
Signature				Date

\*NOTE: This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.