



PEDDLER

BUSINESS LICENSE APPLICATION

OFFICE OF THE CITY CLERK

ONE CITY SQUARE, SUITE 205

WARREN, MI 48093-2393

(586) 574-4557 / FAX (586) 574-4556

FEE: \$55.00 ANNUALLY

LICENSE EXPIRES: March 31 ANNUALLY

10% late fee for renewal applications received after this date

I hereby apply for a license to operate as a peddler within the City of Warren in compliance with the Code of Ordinances of the City of Warren. (Chapter 24, Article I, Section 24-1, Article II, Division I, Section 24-16 thru 24-20, Division II, Section 24-31 thru 24-37, Article III, Section 24-51 thru 24-56)

Sec. 23-13 Hawking, peddling, sales, etc. restricted: No booth, tent, stall or other structure shall be erected for any purpose, and no hawking or peddling shall be done, or any article or thing sold or exposed for sale, in any public park or playground except by written permission of the Director of Parks and Recreation.

NEW RENEWAL

PLEASE COMPLETE APPLICATION IN FULL

BUSINESS NAME: _____ PHONE: _____

BUSINESS ADDRESS: _____
street city state zip

OWNER NAME: _____ PHONE: _____

HOME ADDRESS: _____
street city state zip

DATE OF BIRTH: ____/____/____

APPLICANT NAME: _____ PHONE: _____

APPLICANT ADDRESS: _____
street city state zip

LOCATION OF ROUTES IN THE CITY: _____

DESCRIPTION OF GOODS TO BE SOLD: _____

DESCRIPTION OF VEHICLE: _____ LICENSE PLATE: _____

SEND CORRESPONDENCE BY: EMAIL: _____ MAIL ONLY

I certify that all statements on this application are true. I understand that any false information may result in the revoking of this license.

Applicant Signature: _____

Print Name: _____

Preferred Mailing Address: Business Address Applicant Address ATTN: _____

Other: _____
street city state zip

REQUIREMENTS:

- Medical Examination Certificate (attached) & must be valid for length of license
- Signed Applicant's Statement (attached)
- A photograph of the applicant: taken within sixty (60) days immediately prior to the date of filing this application. The photograph shall be two (2) inches by two (2) inches and shall show the head and shoulders of the applicant in a clear and distinguishing manner
- Copy of Applicant's Driver's License or State ID

NOTE: This license is non-transferable & non-refundable

Veterans exempt from fee (excluding the \$10.00 background check) if selling his/her own goods &/or merchandise, Section 24-34 (b)

OFFICE USE ONLY			
DEPARTMENT APPROVAL:			
POLICE: <input type="checkbox"/> (including thumb prints)			
Issued by: _____	Computer Entry <input type="checkbox"/>	Paper License <input type="checkbox"/>	BUSINESS CARD <input type="checkbox"/> LICENSE PLATE(S): _____
LICENSE EXPIRES: 03/31/20_____		FEE \$ 55.00	
		LATE FEE* \$ _____	
PEDDLER LICENSE NO. _____		* Applied if renewal application received after 03/31	
<input type="checkbox"/> PAID <input type="checkbox"/> OTC <input type="checkbox"/> MAIL			

ATTENTION: ICE CREAM PEDDLERS

- OBTAIN MEDICAL EXAM.** HAVE YOUR DOCTOR COMPLETE AND SIGN THE MEDICAL CERTIFICATE INCLUDED WITH THE APPLICATION.

- PAY \$55.00** NON-REFUNDABLE FEE AT THE CLERK'S OFFICE*

- CONTACT OFFICER KURT NORTHRUP, (M-F, 8:00 AM to 3:00 PM)** FOR YOUR TRUCK INSPECTION, BACKGROUND CHECK, AND THUMB PRINTING. TO SCHEDULE AN APPOINTMENT CALL: **(586) 574-4799**

- ONCE EVERYTHING IS COMPLETED AT THE POLICE DEPARTMENT, GO TO THE CLERK'S OFFICE TO OBTAIN YOUR LICENSE, BUSINESS CARD, AND PLATES.**

**YOU MUST PAY FOR YOUR LICENSE AT THE CLERK'S OFFICE (2ND FLOOR OF CITY HALL) BEFORE YOU HAVE YOUR ICE CREAM TRUCK INSPECTED BY OFFICER KURT NORTHRUP OF THE WARREN POLICE DEPARTMENT*

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE CLERK'S OFFICE AT (586) 574-4557



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APPLICANT'S STATEMENT

DATE: _____

I, _____ have never been convicted of violating
(PRINT NAME)
any law in the conducting of a _____ Peddler _____ business.
(TYPE OF BUSINESS)

SIGNATURE: _____



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MEDICAL CERTIFICATE

I certify that I have examined _____
 (PATIENT'S NAME)

ON: _____
 (DATE)

and found him/her to be free of infectious, contagious, or communicable disease and further certify that he/she is physically capable of operating a vehicle, so as not to endanger himself/herself or others. The above named person is not taking medication or drugs which hinder one's ability to perform.

SIGNATURE: _____ M.D. / D.O.

 ADDRESS

 CITY STATE ZIP

() _____
 AREA CODE PHONE NUMBER

* NO LICENSE WILL BE ISSUED WITHOUT PHYSICIAN APPROVAL CERTIFYING THE APPLICANT TO BE FREE OF ANY INFECTIOUS, CONTAGIOUS, OR COMMUNICABLE DISEASES.

CITY OF WARREN CODE OF ORDINANCES ARTICLE II. PEDDLERS - SECTION 24 - 32(10) - A statement by a duly licensed physician, residing or practicing within the stae, dated not more than ten (10) days prior to submission of the applicant, certifying the applicant to be free of any infectious, contagious, or communicable diseases.