



## Business Information

Business Name: \_\_\_\_\_

Business Address / Telephone: \_\_\_\_\_

Hours of operation to Solicit, Canvass, Peddle: \_\_\_\_\_  
Not allowed between 9:00 PM and 8:00 AM

Describe the product(s) or service(s) involved with this activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verify the beginning date and ending date of this activity: \_\_\_\_\_

**Will a minor between 14 and 17 years of age conduct any soliciting, canvassing or peddling?**  Yes  No

**If yes**, an approved copy of State Department of Labor Form L52 showing the approved hours of work and the type of soliciting, canvassing, or peddling, shall be attached to the application. Appropriate working papers shall be filed at the time of application for all persons under the age of 17 years.

**NOTE** – All persons soliciting, canvassing, and/or peddling shall be licensed. All applicants shall provide a passport-style 2"x2" photograph showing head and shoulders.

Type:  Individual  Partnership  Corporation  Foreign Corporation  Firm  Association

## If Business is an Individual:

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP Date of Birth

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

***If Business is a Partnership: Partner "A"***

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

***If Business is a Partnership: Partner "B" Attach additional sheets as required***

Name: \_\_\_\_\_ Business Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address City State ZIP

Telephone: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Email: \_\_\_\_\_

***If Business is a Corporation:***

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State ZIP

Date and State whose laws organized the Corporation: \_\_\_\_\_

***Must list name, address, and title of each Corporate Officer. Attach additional sheets as required.***

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Last First

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

***If Business is a Foreign Corporation:***

**Authorized to conduct business in Michigan:**  Yes  No (must checkmark one box)

Name of Principal Officer / Director: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street Address City State ZIP

Business Address: \_\_\_\_\_  
Street Address City State ZIP

***Criminal Conviction(s) Statement - Required***

**Has any person having an interest in this business been convicted of a crime:**  Yes  No

***If yes, describe. Attach additional sheets to describe each individual and each conviction.***

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

**Office Use Only**

Building Department investigation:  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Fire Department investigation:  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

**Required:** Police Department investigation:  **Approved**  **Denied** **Date:** \_\_\_\_\_

Other Department: \_\_\_\_\_  **Approved**  **Denied**  **N/A** **Date:** \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office of City Clerk:  **Approved**  **Denied** \_\_\_\_\_  
Signature Date

License number: \_\_\_\_\_ Date issued: \_\_\_\_\_ Expiration: December 31, \_\_\_\_\_

**NOTE – All applicants / licensees shall provide a passport-style 2"x2" photograph showing head and shoulders.**

**The issued license shall show the name, address and photograph of licensee.**