

CITY OF GRAYLING BUSINESS SPONSORED PEDDLERS PERMIT

Permit Number
Fee Paid:
Date:
Received By:

Name:	Telephone Number:
Business Name:	
Address:	
Dates requested to conduct business in the City of Grayling:	
Location:	
Peddler Name:	Telephone Number:
Address:	
Description of Business / Goods and Wares To Be Sold:	

Products of Farm or Orchard Produced by Applicant <input type="checkbox"/> YES <input type="checkbox"/> NO
Prepared Food Food Handlers Card <input type="checkbox"/> YES <input type="checkbox"/> NO 18 Years of Age or Over <input type="checkbox"/> YES <input type="checkbox"/> NO (16 Years of Age with Parental Authorization)

FEE SCHEDULE: <input type="checkbox"/> \$50 up to 7 Days <input type="checkbox"/> \$600 for the year <input type="checkbox"/> No Charge Non-Profit

Applicant's Signature: _____ Date: _____
Office Use Only:
Investigating Officer:
<input type="checkbox"/> Endorse Application <input type="checkbox"/> Deny Application
Reason for Denying Application: