

CITY OF GRAYLING PEDDLERS LICENSE APPLICATION

Permit Number
Fee Paid:
Date:
Received By:

Name:		
Business Name:		
Address:		
Telephone Number:	Sales Tax or Use Tax Number:	
Social Security Number:	Drivers License Number:	
Date of Birth:	Height:	Weight:
Vehicle Description:	License Plate Number:	
Dates requested to conduct business in the City of Grayling:		
Location(s):		
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)		

Employer's Name:
Address of Employer:
Credentials Establishing Relationship of Employer to Applicant:

Photo Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Minimum of 2"x2" showing head and shoulders in a clear and distinctive manner, taken within 60 days prior to date of filing application.)		
Fingerprint Card Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Proof of Insurance Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(One Million Dollar General Liability Minimum, listing the city of Grayling as additional insured.)		
Attached evidence as to the good character and business responsibility which will enable an investigator to properly evaluate such character and business responsibility.		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Attached a statement as to whether or not you have been convicted of any crime and, if so, the nature of the offenses and the punishment or penalty assessed.		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

	<input type="checkbox"/> \$ 50.00 Per Day	<input type="checkbox"/> \$350.00 Per 6 Months
FEE SCHEDULE:	<input type="checkbox"/> \$100.00 Per Week	<input type="checkbox"/> \$500.00 Per Year
	<input type="checkbox"/> \$150.00 Per Month	
Veteran Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO FEE

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