

CITY OF GRAYLING PEDDLERS LICENSE APPLICATION

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| Permit Number |
| Fee Paid: |
| Date: |
| Received By: |

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|--------------------------------------------------------------|------------------------------|---------|
| 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): | | |
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| Description of Business / Goods and Wares To Be Sold: | | |
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|-----------------------------------------------|------------------------------|-----------------------------|
| 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) | | |

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| Employer's Name: |
| Address of Employer: |
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| Credentials Establishing Relationship of Employer to Applicant: |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------|
| 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.) | | |
| 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 |

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|----------------------|---------------------------------------------|-------------------------------------------------------------|
| | <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 |

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| 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: |
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