



### PEDDLER BUSINESS PERMIT APPLICATION

#### Requirements:

1. Master Peddler Business Permit Application dated rev. 7/8/2019
2. Employee Application for Master Peddler Business Permit (one required for each employee who will be peddling) dated rev. 7/8/2019
3. 2" x 2" Color Photo of each employee (head and shoulders)
4. Current ICHAT Report (within 30 days of request) for each employee
5. Check made payable to "The City of St. Clair Shores" including payment of \$100 bond if required:
  - 3 day License \$55
  - 90 day License \$155(fee covers the business + first 10 employees – additional employees over 10 are \$10 each)

#### Peddlers and Solicitors Ordinance

**Note:** Minimum 5 business days required for processing of permits once **all** submitted information is complete.



**MASTER PEDDLER BUSINESS PERMIT APPLICATION**

In accordance with the provisions of the ordinance section of the City of St. Clair Shores, I hereby make application to engage in **Peddling** in the City of St. Clair Shores.

**3 day License \_\_\_\_\_ \$55.00                      90 day License \_\_\_\_\_ \$155.00**  
**(Fee covers the business + first 10 employees – additional employees over 10 are \$10.00 each)**

\*Dates of selling period (may not exceed 90 days): From \_\_\_\_\_ To \_\_\_\_\_ No. of Employee applications \_\_\_\_\_

Hours of selling period: From \_\_\_\_\_ To \_\_\_\_\_ Ordinance hours allow 9 a.m. until 8 p.m.

Location of routes in the City: \_\_\_\_\_

Description of goods/services to be sold: \_\_\_\_\_

Description of business or activity to be conducted and method to be used: \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

Business name that you are representing: \_\_\_\_\_

Business address (if other than residence): \_\_\_\_\_

Name/Address/Telephone Number of entity employed by: \_\_\_\_\_ email \_\_\_\_\_

Has this organization ever been found to have violated a municipal ordinance regulating peddling or soliciting?

Yes or No If yes, explain: \_\_\_\_\_

Has any peddler or an officer or director of the applicant’s parent organization ever been convicted of a felony, and/or any sex offense? Yes or No If yes, give the date and location of such conviction, and a brief description of the offense: \_\_\_\_\_

I certify that all the information on this application is true and correct. I understand that the City shall have the right to investigate and verify the information contained in this application. I have read the peddlers ordinance, and I agree to abide by its terms.

It is further understood and agreed that all persons soliciting in the City of St. Clair Shores will:

1. Observe all ordinances and traffic laws
2. Observe peddling hours no earlier than 9 a.m. and no later than 8 p.m.
3. Show proof of all licenses or permits, if any, required by law
4. Not peddle to any residence or business displaying a “NO SOLICITORS” sign
5. Not threaten or harass any person in the course of peddling activities
6. Carry a City issued permit, which includes photograph, at all times and return to City Clerk’s Office upon expiration of permit term

**NOTE: Failure to return peddler badges within seven business days of selling period end date will trigger a bond fee of \$100.00 for any future permits. Badges MUST be returned by: \_\_\_\_\_**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  \_\_\_\_\_  
City Clerk

Office Use	
<input type="checkbox"/>	Fee Paid _____
	Receipt # _____
<input type="checkbox"/>	Bond Required

\* Permits will be issued no sooner than 5 business days from receipt of Employee Applications to be issued.  
Note: Additional Employee Applications will require an additional 5 business days to process.



**EMPLOYEE APPLICATION FOR MASTER PEDDLER BUSINESS PERMIT**

In accordance with the provisions of the ordinance section of the City of St. Clair Shores, I hereby make application to engage in **Peddling** in the City of St. Clair Shores.

Name of Master License Holder and License Number: \_\_\_\_\_

\*Dates of selling period (may not exceed 90 days): From \_\_\_\_\_ To \_\_\_\_\_

Hours of selling period: From \_\_\_\_\_ To \_\_\_\_\_ Ordinance hours allow 9 a.m. until 8 p.m.

Location of routes in the City: \_\_\_\_\_

Description of goods/services to be sold: \_\_\_\_\_

Description of business or activity to be conducted and method to be used: \_\_\_\_\_

Applicant's Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Race \_\_\_\_\_

Home Address (including City, State, Zip): \_\_\_\_\_

Length of residence at address: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Physical description: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

Driver's License/State Identification #: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Business name that you are representing: \_\_\_\_\_

Business address and phone (if other than residence): \_\_\_\_\_

Name/Address/Telephone Number of entity employed by: \_\_\_\_\_

Has this applicant ever been convicted of a felony, and/or any sex offense? Yes or No If yes, list date and location of such conviction, and a brief description of the offense: \_\_\_\_\_

I certify that all the information on this application is true and correct. I understand that the City shall have the right to investigate and verify the information contained in this application. I have read the peddlers ordinance, and I agree to abide by its terms.

It is further understood and agreed that all persons soliciting in the City of St. Clair Shores will:

1. Observe all ordinances and traffic laws
2. Observe peddling hours no earlier than 9 a.m. and no later than 8 p.m.
3. Show proof of all licenses or permits, if any, required by law
4. Not peddle to any residence or business displaying a "NO SOLICITORS" sign
5. Not threaten or harass any person in the course of peddling activities
6. Carry a City issued permit, which includes photograph, at all times and return to City Clerk's Office upon expiration of permit term

**NOTE: Failure to return peddler badges within seven business days of selling period end date will trigger a bond fee of \$100.00 for any future permits. Badges MUST be returned by:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  \_\_\_\_\_  
City Clerk

Office Use	
<input type="checkbox"/>	Fee Paid _____
<input type="checkbox"/>	Receipt # _____
<input type="checkbox"/>	Photo (color 2"x2")
<input type="checkbox"/>	ICHAT (within 30 days)

\*Permits will be issued no sooner than 5 business days after receipt of complete Employee Applications to be issued.

Note: Additional Employee Applications require an additional 5 business days to process.