

City of Southgate
Peddlers, Solicitors, and Canvassers
Ordinance No. 762

In accordance with Ordinance No. 762, are you seeking permission for status as **Peddler, Solicitor, or Canvasser?** (Please circle one).

1. Name of Applicant: _____
2. Driver's License Number: _____
3. Social Security Number: _____
4. Telephone Number: _____
5. Number of identification cards required: _____
6. Name, physical description, and photograph, of each person for which a card is requested. (May attach a photocopy of driver's license, state identification card, passport, or other government issued identification card). _____

7. Permanent and local, if any, address of the applicant: _____

8. Permanent and local, if any, address of each person for whom a card is requested (if different than no. 7, above): _____

9. Brief description of the proposed activity related to this identification card: _____

10. Date, and place of birth of each person for whom a card is requested: _____

11. Social Security Numbers of persons other than applicant for whom a card is requested:

12. List all infraction, offense, misdemeanor and felony convictions/arrests of each person for whom a card is requested for the seven years immediately prior to the application:

13. Motor vehicle make, model, year, color, vehicle identification number and state license plate number of any vehicle which will be used by each person for whom a card is requested: _____

Peddlers Only:

14. Name of permanent address of the peddler's principal or business: _____

15. Copy of the principal's sales tax license as issued by the State of Michigan: _____

16. Location where books and records are kept of sales which occur within the City and which are available for City inspection: _____

Solicitors Only:

17. Name and permanent address of the organization, person, or group, for whom donations or proceeds are accepted: _____

18. Web address for this organization, person, or group: _____

Fee is \$5.00 per day

NOT TO BE ISSUED FOR MORE THAN SIX MONTHS

Please allow 3-4 business days for the background check to be completed.

Dates Requested: _____

Signature of Applicant

Printed Name of Applicant

For Office Use Only:

Date Application Reviewed: _____