

City of St. Clair

Application for Peddlers, Solicitors, Vendors License

Name of Organization or Company

Address of Company

Phone

Cell Phone

Name of Applicant

Phone

Address of Applicant

Date of Birth

Drivers Lic #/State

Vehicle Description, if applicable

LicPlate#/State

Dates and Time of Activity/Sales

Location

Is electricity needed? No Yes, permit required

Description of Activity/Sales

Type of Activity Special Event Fundraiser Door to Door Sales Door to Door Orders

Length of Permit Day Week Month Annual

Previous locations of activities (last three years)

Have you or any person conducting this activity been convicted of any felony, misdemeanor or violation of municipal ordinance?

No Yes Nature of Offense

Jurisdiction of Conviction Penalty Assessed

Note: Permits must be displayed • Permits are subject to revocation for cause • If food or beverages are sold, Health Department approval must be furnished • General Liability Insurance Certificate must be furnished, naming the City of St. Clair as additional insured • No vehicles are permitted in Palmer Park • All permit conditions are subject to approval by the Chief of Police • No sales on streets or boardwalk.

Signature of Applicant Date
DONOTWRITEBELOWTHISLINE

Fee Paid Date Paid Receipt #

Permit # Date Issued Date Expires

Chief of Police Approval City Clerk Approval

Return completed application, fee and all attachments to: City Clerk, 547 N. Carney Drive, St. Clair MI 48079

For questions regarding vendor permits call 810-329-7121

City of St. Clair
Application for Peddlers, Solicitors, Vendors, Or Transient Merchants Permit

1. Full names and driver's license number or state issued I.D. number of all people who will be working for you during this event:

Name	Driver's License or I.D. Number
<input type="text"/>	<input type="text"/>

2. Email address where you can be reached (to eliminate any delay in processing your application)

Stop Have you included all necessary items?

1. Application
2. Applicable Fee (see #4 of Instructions)
3. Certificate of Insurance (see #5 of Instructions)