City of Davison

200 E. FLINT STREET, SUITE 2
DAVISON, MICHIGAN 48423-1246

TELEPHONE (810) 653-2191
FAX (810) 653-9621

REGISTRATION FOR SOLICITATION AND/OR SALES IN THE CITY OF DAVISON

Date: _____

Name of Organization or Applicant:_____
(Must be 18 years of age)

Address:_____

Phone: _____ Email Address_____

Nature of Business:

_____

Length of Time:

_____

Vehicle (Include Model, Make Color, and License #)

_____

Names, gender, and addresses of all other who will be working in the area:
Include copies of State Issued Identification

Name Gender Address

_____

_____

_____

_____

_____

_____

Approval of a permit to solicit does not mean an endorsement of any product or cause. No Solicitation is permitted on Monday through Saturday before 9:00 am or after 8:00 pm or on Sundays before 1:00 pm or after 8:00 pm. A permit can be revoked if warranted by complaints received.

Name of Applicant _____

Phone _____ Email Address_____

Signature of Applicant _____

Approved by _____ Title_____

Date Approved _____