CITY OF HARBOR SPRINGS
TRANSIENT MERCHANT
LICENSE APPLICATION

1. **Name of Business** _____

2. **Name of Owner** _____

3. **Address of Owner** _____

_____

4. **Phone:** _____ **FAX:** _____

5. **Location Where Sale will be held:**

_____

6. **Dates Requested (Six (6) day Maximum)**
_____

7. **If applicable, you are required to obtain a State of Michigan Sales Tax license. The City will notify the State of Michigan Department of Treasury if you are granted a Transient Merchant license.**

8. **Type of Merchandise to be Sold:**
_____

9. **Calculation of Fee:**

Base Application Fee (includes two (2) days): $800.00

Additional Days (up to four (4) days) @ $50.00 per day: $_____

Total Fee Due with Application: $_____

10. **Owner's Signature** _____ **Date**
_____

Please Return with "Total Fee Due" to:

City of Harbor Springs
City Manager
P. O. Box 678
Harbor Springs, MI 49740

For Office Use Only

Received: _____ **Total Fee Enclosed:** _____ **Dates Requested:** _____

Location: _____

Approved: _____ **Date:** _____
City Manager