

CITY OF ST. JOHNS
CITY CODE CHAPTER 73

APPLICATION
For Solicitors, Peddlers and Transient
Merchants

No Soliciting or Peddling Between Hours of 7 p.m. and 8
a.m.

a. Name and description of applicant:

First	Middle	Last	
Sex:	Age:	Height:	Wt.
Hair:	Eyes:	D.O.B.	

b. Permanent home address and full local
address of the applicant:

c. A brief description of the nature of the
business and the goods to be sold:

d. If employed, the name and address of the
employer, together with credentials
establishing the exact relationship:

e. The length of time for which the right to do
business is desired:

f. The place where the goods or property
proposed to be sold, or orders taken for the
sale thereof, are manufactured or produced,
where such goods or products are located at
the time said application is filed and the
proposed method of delivery.

License

No. _____

g. The applicant's sales tax license number
and proof of the issuance thereof:

h. The applicant's lease, rental agreement, or
other indication of the written permission of
the owner of the property upon which the
establishment of the business is to occur.
(Please attach.)

i. Names of at least two reliable property
owners of the County of Clinton, Michigan,
who will certify as to the applicant's good
character and business respectability, or, in
lieu of the names of references, such other
available evidence as to the good character
and business responsibility of the applicant
as will enable an investigator to properly
evaluate such character and business
responsibility:

j. A statement as to whether or not the
applicant has been convicted of any crime,
misdemeanor, or violation of any municipal
ordinance, the nature of the offense and the
punishment or penalty assessed therefor.
(Statement attached.)

k. At the time of filing the application, a fee of
\$15.00 shall be paid to the City Clerk to
cover the cost of investigation of the facts
stated herein.

Do not write in this box.

Approved: _____

Disapproved: _____

Signed: _____

Chief of Police

APPLICANT _____

ADDRESS _____