



VENDOR/PEDDLER LICENSE APPLICATION

Return to: City Clerk, cityclerk@baycitymi.gov
301 Washington Ave, Suite 204 Bay City, MI 48708

APPLICANT INFORMATION

Name:		Birthdate:	/ /
Address:			
	City	State	Zip
Email:		Phone:	() -

BUSINESS INFORMATION

Business Name:			
Business Address:			
	City	State	Zip
Business Email:		Phone:	() -
Federal Tax ID#:			

FEE SCHEDULE

\$10.....day
\$20.....week
\$40.....month
\$100.....calendar year
\$5.....each helper
\$20.....per vehicle/year

License Application for:

- ☐ Main License
☐ Helper License

DESCRIPTION OF APPLICANT

Height:		Weight:	
Complexion:		Build:	
Eye Color:		Hair Color:	
Driver's License No:			
Is business being conducted by vehicle?	☐ Yes	☐ No	
If yes, do you have a chauffer's license?	☐ Yes	☐ No	
Have you ever been convicted of a felony or misdemeanor?			
☐ Yes (explain on separate sheet)	☐ No		

GENERAL INFORMATION

Location where business will be conducted:			
License requested for:		Date(s):	
	(Day, week, month, or year)		

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