



# PERMIT APPLICATION

PEDDLERS, SOLICITORS, TRANSIENT MERCHANTS  
& RELATED BUSINESSES

## Applicant (Individual Completing Form):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

## Company (DBA):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Method:

Vehicle

License Plate No: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Description (color, condition): \_\_\_\_\_

Council approval to occupy the right-of-way

On Foot

Other (if upon property of another, evidence of consent attached)

Length of License:     Per Day     Per Month     Per Year

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

## Product:

Brief description of goods or services to be sold, and, in case of handicrafts or products of farm or orchard, whether produced or grown by the applicant: \_\_\_\_\_

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*(If food is to be sold, verification of Health Card issued by the County Health Department.)*

**Applicant History:**

Ever applied for a permit in the City of Mason?  Yes  No Most recent year of application: \_\_\_\_\_

Been convicted of any crime, misdemeanor, or local ordinance violation?  Yes  No

Describe violation and penalty assessed: \_\_\_\_\_

Held a permit in Michigan that was revoked, suspended or denied within the last three years?  Yes  No

Explain: \_\_\_\_\_

**Permit Attachments:**

- Copy of valid driver's license
- ICHAT report
- Evidence of Consent (*if located on property of another*)
- Health Card (*if food product*)
- Payment based on Fee Schedule
- Indemnity Bond

**Fee Schedule:****On Foot Permit Fee**

- Per day: \$7.50
- Per month: \$30.00
- Per year: \$100.00

**Vehicle Permit Fee**

- Annual fee \$100.00
- Plus, per person, annual fee \$7.50

**Minimum Bond**

- Indemnity bond \$750.00
- Concessionaire indemnity bond \$750.00
- Rug merchant indemnity bond \$1,250.00

**I hereby certify that all the statements made in this application are true, complete, and correct, to the best of my knowledge and belief and are made in good faith.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name/ Title: \_\_\_\_\_

**For Office Use Only:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

License Fee Paid:

Reviewed Applicant and All Required Attachments by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by (Council if in ROW): \_\_\_\_\_ Date: \_\_\_\_\_

Permit No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Revised: 5.24.18 (Clerk)