



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: _____

(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? 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Held a permit in Michigan that was revoked, suspended or denied within the last three years?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)